

SMALL GRANTS PROGRAMME ON

Correlates of high-risk sexual behaviour among never-married male industrial workers in Tirupur

N Audinarayana



Achutha Menon Centre
for Health Science Studies.
Sree Chitra Tirunal Institute
for Medical Science & Technology
Trivandrum, India



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Correlates of high-risk sexual behaviour among never-married male industrial workers in Tirupur City in Tamilnadu

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Social Issues in Reproductive Health Research,
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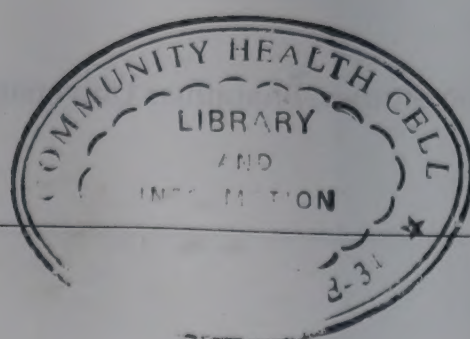
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Executive summary

This research, done during 2003-04, aimed to examine the correlates of high-risk sexual behaviour among non-migrant and migrant never-married young men in the 15-24 age group, working in hosiery factories of Tirupur, Tamil Nadu. It also aimed to explore the respondents' gender-specific attitudes about sexuality, pre-marital sex, and sexual health.

Information was collected from 995 workers from five clusters of houses in the selected municipal wards. Of these, 452 were non-migrants and 543 were migrants. Information was collected using an interview schedule, and through 20 in-depth interviews.

The young men's overall knowledge of reproduction, sexuality and sexual health (RSSH) appeared to be fairly high. Migrant workers were better informed about RSSH than their non-migrant counterparts. However, controlling for a host of background characteristics, the migrant status of the respondents did not have a significant net effect. The knowledge of RSSH of all the surveyed factory workers increased with their number of female friends, current age, frequency of exposure to the mass media and, to some extent, with their level of education. The level of knowledge was much lower among men who worked for more than 11 hours per day, and whose parents were perceived as more religious. It also decreased according to their fathers' level of supervision of the respondents' daily activities at home.

Other factors that impacted net significant effects on some dimensions of knowledge about RSSH were the number of peers who participated in activities that predisposed high-risk behaviour and the respondents' level of participation in activities that predisposed risk-related behaviour. With a few exceptions, similar findings emerged among migrant and non-migrant workers.

In terms of attitudes about sexual issues, non-migrant workers expressed more positive attitudes than their migrant counterparts. The respondents' attitudes to sexuality and related issues became significantly more liberal with their current age, level of education, and the number of peers participating in activities that predisposed higher risk. It was also observed to be much higher among workers whose parents were stated to be religious and for those who worked for 11 or more hours. The reverse pattern was noticed significantly with an increase in the number of female partners they had. More or less similar findings were noticed among non-migrant and migrant workers under consideration with a few exceptions.

The young male workers (migrants more so than non-migrants), on the whole, were observed to have high levels of gender-specific attitudes towards sexuality and premarital sexual issues. The respondents' level of gendered standards about sexuality and related issues (Index) appeared to significantly increase (liberal towards boys and conservative for girls) with their educational status, monthly income, participation in activities that predisposed risk-related behaviour, and level of father's supervision of the respondent's activities. Standards were also more gendered among those respondents whose parents were very religious and among respondents who worked for 11 hours or more per day. On the other hand, gendered double standards appeared to diminish with their exposure to the mass media, number of boy friends, and level of knowledge about reproduction and sexual health, and were also lower when they spent more time in leisure activities like watching TV/movies or playing cards. With a few exceptions similar findings emerged for migrant and non-migrant workers.

About 15 percent of the young male workers could be said to be at high-risk sexual behaviour (participating in vaginal/anal intercourse without using condoms), 19 percent at low-risk sexual behaviour (participating in deep kissing, biting of the neck and hugging, caressing of breasts, hips and thighs, homosexual or heterosexual masturbation, and vaginal sexual intercourse using condoms). The rest did not participate in any risky sexual behaviour. The corresponding percentages were comparatively higher among migrant workers than their non-migrant counterparts. However, controlling for a host of background factors, the odds of participating in high risk sexual behaviour were higher among migrant workers than non-migrants, whereas the reverse was true in the case of low risk behaviour, but both of these did not turn out to be significant.

On the whole, young men workers staying in a rented room with peers were more likely to participate in both low risk as well as high risk sexual behaviour than their counterparts; the pattern was more conspicuous among migrant workers. The tendency to participate in both low risk and high risk sexual behaviour increased significantly with an increase in the young men's participation in activities that predisposed risk-related behaviour, knowledge about RSSH, and gender-specific attitudes uniformly among migrant and non-migrant workers. Likewise, having a large number of girl friends (six or more) tended to increase the odds of the young male workers participation in high risk sexual behaviour.

Chapter 1

Introduction

1.1 Importance of research on sexual behaviour of young men

Issues related to sex and sexuality are increasingly being studied over the last decade due to the global HIV/AIDS pandemic. The incidence of sexually transmitted diseases (STDs) from unsafe and multi-partner sexual relations remains high in India. According to Pachauri, "Research in the field of sexuality has remained neglected despite its obvious implications for all reproductive health programmes. However, with the recent paradigm shift towards a reproductive health approach there has been an increasing emphasis on addressing the reproductive and sexual health needs of women and men" [1].

Adolescents and youth, largely neglected by health programmes, have also been brought on the agenda. After reviewing relevant literature till the early 1990s, Nag contended, "Studies of sexuality and sexual behaviour are necessary for understanding human nature and behaviour... Particular attention should be given to acquiring further knowledge about the attitudes, behaviour, lifestyle, and environment of those who indulge in or are forced by circumstances to indulge in multiple sexual relationships without protecting themselves from STDs by using condoms" [2].

It is now often argued that the views of young Indians towards sexuality are becoming more liberal. However, they lack adequate knowledge about sexuality, contraception, STDs and HIV/AIDS, even as the likelihood their having sex is increasing. Studies on abortion and the prevalence of STDs in India, though few, confirm that much premarital sex is unprotected. Discussions about reproductive and sexual health, particularly within the new paradigm of reproductive health adopted by the Indian government, have also contributed to the increasing need for research on male sexuality.

1.1.1 Youth as a vulnerable group

The 15-24 age group, generally understood as youth, is a crucial phase in the development of a human being. Specific attributes of this phase of life

include rapid physical growth, psychological maturity, sexual maturity, the onset of sexual activity, the development of an adult identity, and transition from socio-economic dependence to relative independence [3]. Young men are more exposed to a wider variety of socio-economic and environmental factors because of the higher chances they have than young girls to leave home either for study or for work. Young men are more likely to have sexual relations than young women in India. Never-married youth are more likely to have unprotected premarital sex. The number of such men is large, they are getting married at a later age, and the social environment in which they become sexually active is fast changing.

These sexual patterns are likely to prevail amongst male industrial workers who are financially independent and have some opportunity to meet women, both at the workplace and in their residential areas. Sexual experimentation also grows with exposure to the mass media and pornography. The young men have a greater opportunity to participate in activities that predispose risk-related behaviour, such as gambling, smoking, drinking, and using drugs. Migrating to towns for work is likely to weaken parental control. The socialising impact of school and colleges is often weak on these men, many of who have dropped out of the education system. On the other hand, peer norms become major influences.

All these factors contribute to a growing tendency towards social relationships outside of the control of the immediate family, caste or village. In turn, this may lead to changing norms of sex and sexual behaviour. More young men may then have premarital sex, especially unsafe sex. This would make them more prone to STDs and HIV/AIDS.

1.2 Review of literature

Empirical data about the attitudes and behaviour of young men regarding sexuality, sex, and sexual health is limited in the Indian context. This section briefly reviews some of the major studies, from India and abroad, about reproductive issues,

STDs and HIV/AIDS, attitudes, and misconceptions about sexuality and premarital sexual behaviour amongst adolescents and youth.

1.2.1 Knowledge about sexuality, reproduction, RTIs/STDs and HIV/AIDS

Knowledge about reproductive and sexual health is generally defined as knowledge regarding the male and female reproductive systems, abortion, family planning, virginity, masturbation, reproductive tract infections (RTIs), STDs, and HIV/AIDS. Some perspective on how youth understand these issues is very important in order to develop and implement appropriate programmes for young people, especially vulnerable groups like factory workers and out-of-school youth. Such educational and awareness programmes could lower their chances of unprotected sex, STDs, unwanted pregnancies, and unsafe abortion.

1.2.2 Sexuality and reproduction

In a study among college girls in Delhi, Rakesh found that two-thirds of the respondents had the correct information about sex and reproduction [4]. Slightly less than half knew about contraception. A majority felt that masturbation is unhealthy and expressed guilt about it. A study amongst adolescent girls and boys in a slum in Mumbai found that they knew little about menstruation, other physiological changes, and the process of reproduction [5]. About two-thirds of the girls and less than half the boys did not know much about the sexual aspects of married life. Only one-sixth of the girls as against more than half of the boys reported that a woman could become pregnant only after intercourse.

An all-India study done by the Family Planning Association of India among 4,709 urban educated youth, ages 15 to 29, showed that females between 20-30 years were the highest percentage of respondents who received any sex education [6]. Overall, 42 per cent of male and 36 per cent of female respondents said they had received sex education. About 24 per cent of teenage male respondents were able to talk to their teachers to clear doubts about reproduction. About two-fifths felt shy to ask their teacher. In all zones and age groups, a small percentage felt that their teachers were shy about explaining topics related to sex and reproduction.

A study of 530 unmarried rural girls in Gujarat observed that they had little knowledge about human sexuality and reproduction [7]. The mean knowledge score of these issues was 6.38 (+/- 4.25) on a scale of 25, with a median of six. Similarly, in Maharashtra, Verma et al. noticed a low level of knowledge about sexuality among boys and girls in the 14-16 age group [8]. This went together with a high demand for information about ways to prevent unwanted pregnancies and the implications of abortion.

Another study in rural western Maharashtra of 500 married and unmarried female adolescents, ages 14-22, showed that 25 per cent thought that menstrual blood was located in the uterus [9]. About 56 per cent males and 71 per cent females reported that there is a common opening for urine and menstrual blood. Among unmarried females, 51 per cent did not know that the baby is delivered through the vagina.

Among college students in Mumbai, Rangaiyan observed that knowledge regarding reproductive health issues such as abortion, conception, and menstruation was lower among males than among females [10]. A higher proportion of females compared to males had less or no knowledge about sex-related concepts. Summing up the data Jejeebhoy writes, "[They]... tend to be extremely poorly informed regarding their own sexuality and physical well-being, their health and their bodies. Whatever knowledge they have, moreover, is incomplete and confused" [11].

1.2.3 STDs and HIV/AIDS

Since the first detected AIDS case in the USA in 1981, research on peoples' knowledge about STDs and particularly about HIV/AIDS has become an integral part of reproductive health programmes. The prevalence of HIV in all parts of India highlights its spread from urban to rural areas and from high risk to the general population. Heterosexual transmission accounts for more than 75 per cent of HIV infection. The sexual behaviour of young people is also likely to make them vulnerable to other sexually transmitted infections (STIs). Studies of levels of knowledge among adolescents about STDs and AIDS are recent, but consistently reflect a disturbing ignorance [5,8,9,10,12,13,14].

STDs rank third among the major communicable disease groups in India. About 12-25 per cent of the total number of STD cases occur among teenage boys [15]. A study done at an STD clinic in Pune, a city close to Mumbai, found that three-fourths of the clients were in the 15-19 age group [16]. Young people are vulnerable to contracting STDs due to early onset of sexual activity, low contraceptive use, and the likelihood of changing partners.

RTIs and STIs are closely related to sexual practices. Their role in making a person vulnerable to HIV infection is well established. Knowledge of STDs and RTIs is low among adolescents but the desire to learn more is high, particularly among boys [15,17,18]. Similarly, among young men and women aged 18-24, there is little awareness that HIV/AIDS can be fatal [19]. The role of condoms in preventing HIV is rarely recognised. A survey of 409 mostly undergraduate college students in four cities in Maharashtra showed that fewer than five per cent of the respondents were aware that AIDS could be transmitted through infected blood. Fewer than 11 per cent mentioned that sexual relations with sex workers could be a mode of transmission. As many as 13-19 per cent thought that AIDS was curable. Very few young people, and particularly females, perceived that they are at risk [10].

Many studies report that AIDS-affected persons in India mostly contract the infection through sex, especially people below the age of 24 [20,21]. An all-India study among urban educated youth revealed that AIDS as an STD was widely known (over 70 per cent) followed by HIV (57 per cent males and 43 per cent females) gonorrhoea (37 per cent and 26 per cent, respectively), and syphilis (35 per cent and 26 per cent respectively) [6].

In all the age groups in all the zones of India except the North, 60 per cent males and 36 per cent females said that STDs could be prevented with the use of condoms. A sizeable proportion of male and female respondents mentioned abstinence as a method of preventing STD infections. A high percentage of respondents mentioned avoiding sex with strangers (59 per cent male and 44 per cent female), followed by avoiding multiple sex partners (52 per cent and four per cent), and maintaining genital hygiene (21 per cent and 10 per cent). Males

were better informed than females, especially on homosexual intercourse without a condom as a potential mode of HIV transmission.

Among 1020 high school students in Chandigarh, Girish found that 90 per cent of the students were aware of the modes of transmission of HIV. The print media were the most important (for 95 per cent) source of information [22]. However, only 66 per cent of secondary school students in rural areas around Delhi knew about sexual and injectable modes of HIV transmission [23]. Among college students in Mumbai, Rangaiyan observed that over 70 per cent boys and 80 per cent girls knew that sex workers were more vulnerable to HIV [10]. A majority of boys (86 per cent) and girls (92 per cent) knew about the modes of HIV/AIDS transmission. More than 92 per cent knew that using condoms during intercourse could reduce the risk of contracting HIV.

In a critical review of studies done in India, Chandiramani reported that knowledge of STDs and HIV/AIDS is virtually non-existent in rural areas [24]. Adolescents did not appear to know the difference between STDs and AIDS. Common misconceptions about STDs and HIV/AIDS were that they are caused by sexual intercourse with a menstruating woman, homosexuality, mosquito bites, and kissing. Sexually active rural and urban boys in Gujarat knew little about STDs or how to use condoms correctly [25]. In the slums of Lucknow, eight per cent of unmarried boys, ages 15 to 21, were sexually active, but most had little information about STDs [26]. A study of street boys in Bangalore highlighted that 44 per cent of them perceived AIDS as a deadly disease, 25 per cent mentioned that AIDS spreads through multiple partners, and 16 per cent were aware that AIDS can spread through heterosexual contact, but only six per cent mentioned condoms as a preventive [27].

To summarise, first, on the whole, awareness of STDs and AIDS is vague. Second, among those who are aware about HIV/AIDS, there is little awareness that it can be fatal. Third, the role of condoms in preventing STDs and HIV is rarely recognised and indifference prevails about using condoms. These findings indicate that youth in India are not sufficiently informed about the consequences of unprotected sex, the importance of contraception and the social and health implications of their sexual behaviour.

1.2.4 Sources of information and peer norms

Children are usually not encouraged to talk about sex in the Indian context. Few parents take on the responsibility of discussing sexual matters with their children. Young boys and girls tend to learn more about sex and related issues from peers, the mass media, and pornographic material. At times the information from these sources is inadequate, improper, and unrealistic. It neither clarifies their doubts nor explains emotional relationships and responsibilities. Until recently, many schools, colleges and universities in India left human reproduction and family planning out of the curriculum.

There is no evidence to show that sex education in schools leads to earlier or increased sexuality by young people. On the contrary, a review of 35 studies by the World Health Organisation shows that in 10 studies, school sex education led to an increase in the adoption of safer sex practices by sexually active youth. Six of the studies showed that young people delayed sexual activity or decreased their overall sexual activity. Two studies reported that access to counselling and contraceptive services had no impact on timing and level of sexual activity [28].

A review of studies by Chandiramani et al. shows that the mass media is the single most cited source of information about sex and reproductive health [29]. Television, films, newspapers, billboards, and hoardings were listed as the most popular sources through which adolescents learned about sex and related issues. Others sources were friends, community awareness programmes run by NGOs and public health systems, schoolbooks, and teachers. Sharma and Sharma observed that many western television programmes, some of them sexuality explicit, were popular among female college students in Gujarat [7]. Such programmes were stated to be the major reason for their growing curiosity. In a social context that discourages discussion about sex, such curiosity only aggravated the students' confusion.

Friends and peers play a crucial role in influencing young people, particularly their attitudes and sexual behaviour. A review of studies supported by the UNDP, UNFPA, WHO, and the World Bank's Special Programme of Research, Development and Research Training in Human Reproduction [30] highlighted, "Peers are a major source of information

on sexuality for many youth, especially among males than females." It also found that "...males are more likely than females to discuss their sexual and reproductive health needs with outsiders, whereas females more than males rely on parents, especially mothers" [30].

A large-scale study among urban educated youth in India reported that male respondents preferred to discuss matters about intimate sexual and health problems with their peers, while female respondents preferred peers, followed by their mother [6]. More male than female respondents said they discussed sexual matters with their fathers. A study among 500 married adolescents aged 14-22 years from two villages in western Maharashtra showed that only six per cent females knew about sexual intercourse before marriage as compared to 69 per cent males, who knew about it through movies and peers [31]. On the whole, it can be seen that media such as television and magazines, closely followed by pornographic material and peers, are the major sources of information about sex and related matters.

1.2.5 Attitude towards sex and related issues

Attitudes play an important role in determining a person's behaviour. The attitudes of young persons towards sex influence their decisions about premarital sex. Evidence shows that adolescents with more liberal attitudes toward sex are more likely to have premarital sex. Males are more likely to engage in premarital sex, and to have more positive attitudes toward premarital sex than females [10,32,33,34,35]. It is also observed that young people living in urban areas are more liberal about sexuality and are more likely to engage in sexual intercourse than their counterparts in rural areas [36,37]. This may be because of exposure to sexual issues through the mass media. Socio-economic changes in urban areas make adolescents independent of traditional cultural and social norms about sexual behaviour, which also affect their attitudes towards sex.

Sexual relations are regulated through the institution of marriage in many parts of Indian society. Premarital sex is disapproved of and discouraged, while the virtue of virginity is upheld. Social and religious sanctions against premarital sex have traditionally been strong deterrents to its practice.

Results from two FPAI multi-centric surveys in 1990 and 1993-94 done among men and women aged 15-29 suggested that attitudes towards sex have changed over time [6,38]. However, the importance accorded to virginity has not changed. In both surveys about half the men and women considered it imperative that a female should be a virgin until marriage.

The second round found that adolescent male respondents felt more strongly than female respondents that a girl must have a hymen to be a virgin [6]. Premarital sex was more acceptable to boys (18 per cent), particularly in the 20-23 age group, than to girls (four per cent). While 63 per cent of the girls felt that sexual relations should begin only after marriage, only 38 per cent boys felt the same. Rakesh found that more than 80 per cent of college girls in Delhi were against sex [4]. Over two-thirds admitted to sexual desires but thought these must be controlled.

A study of 17,185 adolescents aged 14-17, 95 per cent of them unmarried, from 251 schools in Uttar Pradesh, Rajasthan, Haryana and Delhi reported that three in four respondents disapproved of premarital sex [39]. A study of 342 respondents in Delhi showed that 43 per cent of unmarried women and 61 per cent of men approved of some degree of physical intimacy before marriage [40]. Only seven per cent of men were prepared to accept a partner who has had a sexual relationship. While 34 per cent of men and 22 per cent of women found nothing wrong in holding hands, only 10 per cent of men and five per cent of women felt premarital kissing and caressing were acceptable. About 34 per cent men felt there was no harm in "full intimacy;" only four per cent women shared this view. In a study of 887 students in Delhi, Sachdev observed that 58 per cent boys and 79 per cent girls viewed intimate or casual premarital sexual relations as acceptable [41]. Only 32 per cent girls supported the chastity of women.

A survey of 1,740 students of the University of Baroda showed that 47 per cent males as against 59 per cent females rejected the idea of premarital sex even if both partners agreed, while 36 per cent males and 19 per cent females said premarital sex is alright if both partners agree [42]. The survey also showed that 32 per cent males and 12 per cent

females agreed with the statement that "males may go for pre-marital sex," whereas 45 per cent males and 65 per cent females disagreed. The corresponding percentages of males and females for the statement that "a woman may go for premarital sex" were 24 and three, and 54 and 72, respectively. Thirty per cent males and nine per cent females agreed that some sexual experience is necessary before marriage, while 52 per cent and 73 per cent disagreed.

These findings also establish gender-based differentials in attitudes towards premarital sex. A study on behalf of CORT among 725 students (387 males and 338 females) showed that 90 per cent approved of free interaction between boys and girls, 79 per cent said there is nothing wrong in discussing sex with a friend of the same sex, and 41 per cent regarded premarital as acceptable if both partners agree [43]. Another CORT study among 270 boys and 240 girls, ages 15-17 years, done in Uttar Pradesh, noted that about 80 per cent supported "free interaction" between boys and girls [44]. About one-third each approved of "pre-marital sex if both partners agree to it" and said "sexual experience is necessary before marriage."

While surveying attitudes about premarital sex and related issues, some studies tried to examine gender-based standards. Such double standards are often considered socially justifiable, even if the constraints they impose on the behaviour of young women are recognised [30]. For instance, in the first survey done by FPAI, responses to the statements "I may have sex but my marriage partner should not" and "A man may have premarital sex but a woman should not" were indicative of the existing double standards [38]. In Sachdev's study, 72 per cent of 887 students agreed it would be better if women were free to express their sexual desires with as much initiative and aggression as men [41].

Research initiatives by the UNDP, UNFPA, WHO and the World Bank around the world reveal stereotypical perceptions of the sexual and reproductive roles of young females and males. A number of case studies highlight that males continue to be more likely than females to consider premarital sexual activity to be acceptable. Both males and females consider premarital sex to be more acceptable for males than for females. Double

standards were evident in case studies in Asia, but could also be seen in case studies in Latin America [30].

For example, among rural youth in north and northeast Thailand, 46 per cent females and 32 per cent males surveyed said that men should be virgins at marriage. For females these figures increased to 71 and 63 per cent, respectively [45]. Among youth attending night school in Lima, Peru, 49 per cent females and 68 per cent males agreed that males should have some sexual experience prior to marriage. But 73 per cent females and 59 per cent males said females must be virgins at marriage [46].

University students in Dumaguete City, Philippines argued that "men should have experience ... women do not need experience." They added, "If a man does not get quite a lot of experience before marriage he'll want even more after marriage. Women are more idealistic than men" [47]. Some exceptions emerged. For example, over 70 per cent secondary school students in Kampala, Uganda [48] and about 90 per cent in Buenos Aires, Argentina [49], both male and female, said that premarital sexual activity was "normal" for both females and males.

Overall, these studies suggest a wide gap between the attitudes of males and females towards sex and related issues. Major gender-based imbalances with regard to sexuality and premarital sex are evident. But some changes have been noted in recent years in attitudes about heterosexual relationships, particularly among females.

1.2.6 *Misconceptions about sexuality and STDs/AIDS*

Although youth in general, and young boys in particular, appear to have some information about sexuality and reproductive health, in-depth knowledge of sexual health is missing and misconceptions are widespread. Common misconceptions that emerged in the research done by UNDP, UNFPA, WHO and the World Bank include, "condoms are not that safe," "one can tell when a person is infected with STD or HIV," "STI symptoms go away on their own," "women are responsible for transmitting STIs/HIV," "STIs/HIV can be prevented by good personal hygiene," "AIDS can be cured by medication," and "STIs/HIV are transmitted through everyday activity" [30].

In India, a few studies have explored misconceptions about sexual health. Nocturnal emission is a subject that causes a great deal of anxiety among young men. Masturbation is another myth-filled area for adolescents. A majority of males and females feel guilty about it and consider it unhealthy. [4]. In a study among married and unmarried youth from different occupations, Savara and Sridhar observed that 50 to 78 per cent agreed, "a drop of semen is equivalent to 100 drops of blood" [50]. A varying number, from 36 per cent of unmarried textile workers to 70 per cent of blue-collar workers said, "sex leads to weakness." Only 1.5 per cent and 8.5 per cent of married and unmarried respondents believed that "sex is a sinful act."

A study of 100 adolescent girls conducted by Ahuja and Tewari reported numerous misconceptions. Females were more subject to sex-related myths than male students. Many believed that "an intact hymen is a proof that the woman is a virgin" and "sexually active women have large breasts" [51]. A large-scale survey of 16,154 persons aged 15-83, done in Chennai by Reddy et al. showed that about 46 per cent respondents believe "masturbation is harmful." Still, 73 per cent reported that they masturbate [52].

In a slum in Delhi, "having sex with several women was considered as a sign of masculinity" by 21 per cent females and only six per cent males [53]. CORT's study of 387 male and 338 female students showed that two-thirds feel "premarital sex is a sin" [43]. However, about half of the respondents in a study of school students in Uttar Pradesh disagreed that "pre-marital sex is a sin" [44]. Chandiramani reported that common misconceptions among adolescents about STDs and HIV/AIDS were that "they are caused by sexual intercourse with a menstruating woman, homosexuality, mosquito bites, and kissing" [24]. All these studies demonstrate that misconceptions are common among both young men and women.

1.2.7 *Premarital sexual behaviour of adolescents and young men*

The age at which adolescents become sexually active varies according to country, region within a country, gender, and socio-economic and

cultural factors. Generally, young men report sexual activity earlier than young women because premarital sex is more socially acceptable for men in India, whereas women are expected to postpone intercourse until they get married.

In a critical review of 34 case studies from 20 developing countries in Africa, Asia and Latin America, initiated by the UNDP, UNFPA, WHO and the World Bank's Special Programme of Research, Development and Research Training in Human Reproduction during 1992-96, Brown et al. show that of males in the 10-24 age group, typically, between one-third and half are sexually experienced. More variation exists among males than among young females, both across and within the regions. For example, on the low-side, 15 per cent of college students in Hanoi and Ho Chi Minh City in Vietnam and 24 per cent of school-going males in the Kwangju metropolitan areas in Korea report premarital sexual activity. At the other end of the spectrum, there is less regional variation, with highs in the ranges of 66-75 per cent in all three regions. Premarital sexual activity is more prevalent among males than among females, although some of this difference may be due to over-reporting by males and under-reporting by females [30].

Available evidence from India suggests that higher numbers, between 50-80 per cent, of young men are sexually active before marriage. A substantial percentage, from nine per cent in a sample of college students in Gujarat to 48 per cent among rural unmarried boys in Orissa, has participated in coital sex [2,54,55,56]. A study in Chennai done among college students with a mailed questionnaire indicated that despite the absence of sex education, at least half of the respondents had had their first sexual experience between the ages of 15-24 years. Homosexual activity was extensively reported. About 38 per cent reported occasional masturbation [57].

Analysing the data collected from 4709 urban educated youth, ages 15-29, Watsa found that about 28 per cent of the males had experienced sexual intercourse as well as other activities such as hugging and caressing of breasts. [58]. Savara and Sridhar's study in Nasik and Thane in Maharashtra showed that 19 per cent of all male students were sexually experienced. The percentages were 26, 30 and 32 respectively among young white collar, blue collar, and migrant workers [50].

A study by Rangaiyan carried out among 1408 male students in 15 colleges of the Mumbai metropolitan area reported that approximately 15 per cent of the respondents had experienced penetrative sex. Of these, only 18.2 per cent of males used condoms consistently with their steady heterosexual partner. The age at first experience of sex was 18 years. One-fifth of the males reported that their partner was a neighbour and one-fourth said their partners were commercial sex workers. The study observed that 1.6 per cent of male students had been involved in homosexual activities [10].

A qualitative study of males in the 18-25 age group from low-income communities in Mumbai highlighted that 50 per cent had some sexual experience. The average age of initiation of sexual activity was 13-14 years [59]. Another study in Mumbai among 966 low-income group college students showed that 27 per cent of the males had some sexual experience. Despite knowing about condoms, less than 50 per cent of the boys who reported sexual intercourse had used the condoms [13].

Among 368 adolescents in Gujarat, Sharma and Sharma noticed that about 16 per cent boys in rural areas and nine per cent urban college students had some premarital sexual experience [25]. The mean age of first coitus was 17.9 years. More than 78 per cent of the boys' first sexual contact was with a sex worker and 80 per cent had never used condoms. Some 16 per cent of the boys reported that their first sexual contact had been a girlfriend of almost the same age. Another study in Delhi among 887 students (23 per cent male) highlighted that 39 per cent of male students had engaged in premarital sex [41]. Rajagopalan et al. noted that only seven per cent of respondents among adolescent students in Vadodara had had sexual intercourse, whereas 26 per cent had the experience of kissing and 46 per cent of hugging [43].

In a quantitative survey of a slum population of Mumbai Verma et al. observed that about 20-22 per cent of young men were engaged in premarital sexual activities [60]. In a study of college students in Pune, Mawar et al. found that 37 per cent of male students had experienced premarital sexual relations [61]. Another study by Mutatkar and Apte done among 500 adolescents of two villages in

Maharashtra, noted that 10 per cent unmarried and 30 per cent married males had had sex with multiple partners. The use of condoms was minimal. The average age of the premarital sexual experience was 16.9 years [31].

According to a micro-level study among 160 unmarried, mainly migrant workers in the 18-31 age group, done in Coimbatore, about 37.5 per cent of the respondents had had pre-marital sexual intercourse [62]. A large-scale study on male sexual behaviour in Orissa, conducted by the Asian Institute of Marketing Studies, revealed that approximately 25 per cent males in both rural and urban populations had engaged in premarital sexual activity [63].

A recent study across five states of India revealed that overall one-third of rural unmarried men were actively involved in premarital sexual activities during the 12 months preceding the survey. The highest rate was found in Orissa (48 per cent) followed by Rajasthan (37 per cent), and Haryana (35 per cent). The rates were comparatively lower in Uttar Pradesh (22 per cent), and Karnataka (16 per cent) [64]. In another recent study among 121 street boys in Bangalore 74 boys reported being sexually active. Of these, 62 per cent had had anal intercourse, followed by vaginal intercourse at 57 per cent. Masturbation, mutual masturbation, and oral sex were comparatively low at 41 per cent, 26 per cent and 14 per cent, respectively. About five per cent reported having had sex with eunuchs [65].

Another recent study by Ghule among 1456 college students, 747 from urban and 709 from rural areas, done with self-administered questionnaires, showed that 34 per cent respondents in rural and 30 per cent in urban areas had experienced sexual contact. Sexual experience of males with males was reported to be 12.5 per cent among urban and 12.0 per cent among rural students. Among those who had any sexual experience during six months preceding the survey, 54 per cent urban and 70 per cent rural students had used condoms [66].

In sum, most of the studies reviewed in this section highlight that a considerable percentage of adolescents and young men who are students in rural as well as urban areas, factory workers, slum residents, and street boys, have experienced premarital sexual intercourse. The use of condoms is only moderate.

1.2.8 *Differentials and determinants of sexual behaviour*

A number of researchers have examined the differentials in sexual behaviour across background characteristics through cross-tabular analysis. Some have tried to find the major determinants with some multivariate technique, of premarital sex, coital sex and/or other forms of sex. While most of the Indian studies, except a few recent ones, looked into differentials, a majority of the studies in other countries examined the determinants of sexual behaviour.

A few studies from abroad have highlighted that the father's, mother's or head of the household's education and the education of the young adults influence their premarital sexual behaviour [67,68,69]. One study observes that the rates of first intercourse are significantly higher among soldiers and department store clerks as compared to students among never-married men in Thailand [70]. Adolescents who have close relationships with their parents are less likely to engage in premarital sex and be of an older age at first intercourse [71, 72].

However, Yarben and Greer stated that family influence probably decreases during the adolescent years and by college age the previous impact of parents probably becomes insignificant [73]. The Hogan and Kitagawa study [72] finds that young people with a higher socio-economic background are less likely to be sexually active due to perceived opportunities and role models available to them, whereas the study by Ku et al. revealed that higher socio-economic status of the parents may expose the adolescents to more liberal ideas, which influence their sexual attitudes and behaviour [74].

Besides socio-economic status, the age of the adolescents and their participation in risk-related behaviour, including ever having smoked tobacco, drunk beer or wine, and used marijuana, also exhibit a strong positive effect on the age at first intercourse [70] as well as on the adolescents' sexual experience [67,68,69, 75,76,77]. Exposure to Western music and movies is also a significant determinant of the sexual behaviour Index in Jakarta and in Botswana [68, 67]. It was observed in Thailand that never-married men from rural areas are slightly more likely to have experienced intercourse than young men in urban areas [70].

Religiosity of family members and the individual plays a significant role in shaping sexual attitudes and sexual behaviour. Thornton and Camburn reported that those who frequently attended religious services and considered religion important in their lives had more restrictive attitudes toward premarital sex and reported less sexual experience [78]. One explanation may be that when the behaviour and attitudes of adolescents who are sexually active or hold permissive attitudes conflict with standard religious teaching, these teenagers tend to adjust their religious attitudes and participation accordingly. However, students' religious affiliation did not appear to play a role in the level of sexual activity in some settings [79,80].

Miller and Moore provide evidence of peer influence on individual sexual behaviour. They mention that high peer involvement and peer pressure sometimes override parental control [81]. In a theoretical model for social networking theory, Fisher suggested that knowledge about AIDS could be enhanced through positive peer networking [82]. Though peer influence is dominant, it need not necessarily be favourable or healthy. Pressure to have sexual intercourse comes from peers and also from glamorous images presented by the media [83].

In the Indian context, only a few studies have analysed the differentials and determinants of any sexual behaviour or sexual intercourse [4,10,50,57,62,64,65,84,85,86]. Most of these studies have found that participation in premarital sex varies considerably across young men and/or adolescents' individual factors such as age, education, place of residence, family background, living conditions, religiosity, alcohol consumption, drug abuse, exposure to erotica, and interaction with peers. Some of these turn out to be the major determinants in one or the other setting. A micro-level study among 176 factory workers in Coimbatore showed that controlling for other factors included in the model, the respondents' participation in risk-related behaviour (Index) closely followed by their current age, exposure to mass media (Index), monthly income and knowledge about condoms (to a lesser extent of significance) were the principal determinants of any sexual behaviour [62].

In a study among 613 low-income male college students in Mumbai, Abraham and Kumar

found that the strongest predictors of any sexual experience and intercourse were the students' exposure to erotic material, knowledge about sexuality-related issues, attitudes toward premarital sex, levels of social interaction, and current age. On the other hand, personal income, work for income, and family environment had modest effects on their sexual behaviour [86].

In his study of college students in Pune, Ghule found that, controlling for a host of factors, place of stay (rural and urban), exposure to erotica, habits, peers' attitudes, and respondents' attitudes towards sex turn out to be the major predictors of any sexual experience [66]. This was in addition to knowledge about contraceptives, STDs and HIV/AIDS and about reproduction to a moderate extent. On the other hand, for coital sex, habits closely followed by attitudes towards sex and peer interaction emerged as the principal determinants, in addition to current age to some extent. All these studies clearly establish that the involvement of young men in risk-related lifestyles, exposure to erotica, peer interaction, knowledge about sex, and attitudes towards premarital sex play a crucial role in influencing their level of sexual behaviour. Religiosity, family environment, and parents' background are also influences, to some extent.

1.3 Research gaps and statement of the problem

A majority of the studies on sexuality and sexual behaviour among adolescents and young men in India have been conducted among school and college students, many with mailed or handed questionnaires [4,6,7,10,25,26,38,39,41,50,66,84,86,87,88]. Most of these studies elicited information about the respondents' knowledge of reproductive physiology, their attitude towards sexual behaviour and health, including nocturnal emission, masturbation, menstruation and related aspects of sex, and the sources of such information. Some collected information about the young men's and women's participation in premarital sexual acts, age at first sexual contact, circumstances that led to the first contact, characteristics of first partner, use of condoms during sexual contact, and knowledge about STDs and HIV/AIDS.

Only a few studies were conducted among such groups as slum dwellers in Mumbai [5,60] and

Delhi [53], workers in four towns in Maharashtra [50], and in Coimbatore [62]. However, some of these studies only examined the differentials and determinants of any sexual behaviour or sexual intercourse rather than high-risk sexual behaviour.

Almost all the studies reviewed highlight the fact that pre-marital sexual activity among young people is prevalent in both rural and urban areas, despite being socially discouraged, and despite the majority of adolescent boys saying that they believe that sexual activity should begin only after marriage [2,29,54,55]. Many studies have documented the distressing lack of information and a large number of misconceptions about reproductive and sexual health issues among Indian youth [9,10,11,13,25,65]. Most of these studies focus on a small sample are descriptive, and few have examined the determinants of risk-related sexual behaviour with the help of multivariate techniques. Information is also scarce about the level of the young men's vulnerability to STDs. Information about the patterns of sexual behaviour among workers in general and migrant workers in particular, believed to be most at

risk is also scarce. Information is also scarce about gender specific attitudes and standards about premarital sex and sexuality and their effects on sexual behaviour.

In view of these research gaps, the present study aimed to focus on never-married male workers in the 15-24 age group years, who were working in the hosiery industry in Tirupur city of Coimbatore district, Tamil Nadu. This study covered both non-migrant and migrant workers who faced significant health risks. The study tried to understand the social, cultural and ideological contexts within which youth explored and experienced sexuality. It looked at the various constructions of sexuality that the youth encounter, negotiate, and reshape. The study aimed to systematically document information about knowledge, attitudes, and premarital sexual activities and thereby, consequences of the sexual behaviour of young men. This would help to indicate immediate and future health risks. Such an effort would bridge the gaps in research and information and contribute towards an understanding of issues related to youth sexuality.

Chapter 2

Methodology

2.1 Introduction

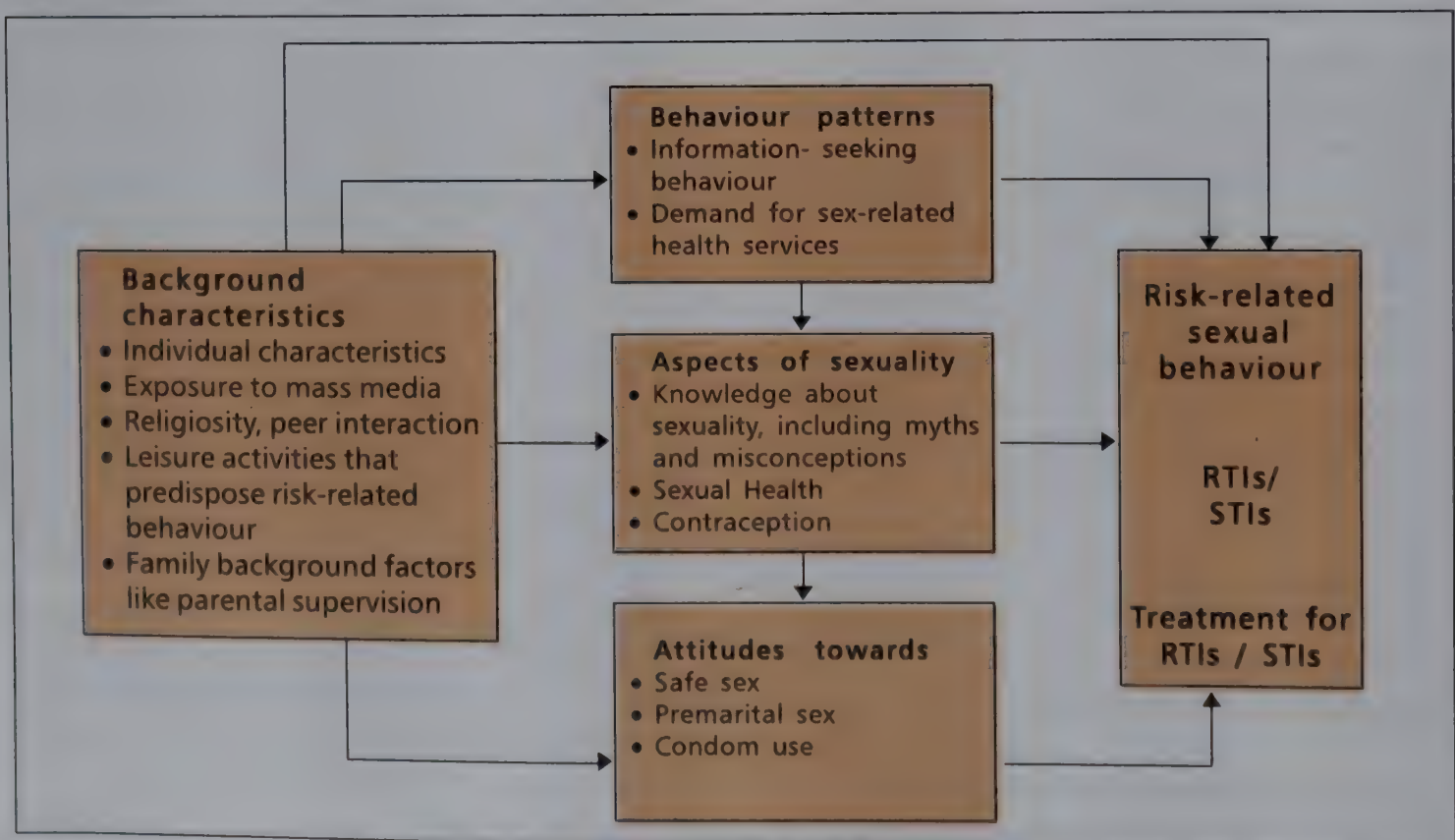
This chapter discusses the methodology used in the study. Such details as objectives, theoretical framework, study area, sample, sample frame and selection of sample, collection of data and ethical issues, the modalities of the survey, and analysis of data are covered in this chapter. As noted earlier, the present study primarily aimed to examine the correlates of high-risk sexual behaviour among never-married factory workers in Tirupur city of Tamil Nadu.

2.2 Objectives

The specific objectives of this research were:

1. To study among never-married male factory workers in the 15-24 age group: (i) prevailing knowledge about reproduction, sex, HIV/AIDS, and STDs, (ii) attitudes towards sexuality amongst males and females, (iii) premarital sexual behaviour, (iv) misconceptions (v) patterns of information-seeking behaviour, and (vi) unprotected sex, prevalence of STDs, and treatment-seeking behaviour.
2. To examine the gross and net effects of the respondents' background characteristics, exposure to mass media, peer interaction, parental supervision and control, and participation in activities that predispose risk-related behaviour on: (i) knowledge of reproductive and sexual health, (ii) attitudes towards sexuality and misconceptions, and (iii) the level of risk-related sexual behaviour.
3. To examine whether any differentials and determinants exist in all the above issues across migrant and non-migrant young factory workers.

Figure 1: Conceptual framework underlying the correlates of risk-related sexual behaviour



2.3 Conceptual framework

It has been argued that modernisation modifies cultural practices, values and attitudes relating to lifestyles in general and sexual behaviour in particular. This is usually termed as a process of Westernisation [89]. It has been noted that contact with Western societies influenced the economy, religion and patterns of urbanisation, migration and education in many southern African and Asian societies. These changes altered customs and practices, which in turn led to a gradual change in sexual norms and behaviour. Consequently, practices related to marriage changed. These included marriages at a later age, the abandonment of formal polygamy, and an increase in premarital and extramarital sexual activity [90]. Based on earlier research, the following conceptual framework was proposed for empirical examination in this study.

Many empirical studies demonstrate that a variety of individual characteristics of young men like their age, religion and religiosity, caste, education, occupation, exposure to mass media, participation in activities that predispose risk-related behaviour like smoking, use of alcohol and drugs, would impact their knowledge and attitudes about sexuality. This includes such issues as safe sex, premarital sex, use of condoms, and sexual health problems and their treatment.

Other studies have explored such characteristics of the young persons' family background as the level of the parents' education, their occupation and economic status, their supervision and control, and the family structure, and how these factors affect youth sexuality and high-risk sexual behaviour.

A majority of the studies have conclusively shown that peer influence on youth is significant in the case of high-risk sexual behaviour. Thus, not only the socio-economic background of an individual, but also of their parents and peer group, influences each dimension of sexuality. In turn these will determine sexual behaviour and sexual and reproductive health problems [4,5,6,7,10,25,26,38,39,40,41,50,60,61,62,63,64,65,84,85,86,87,88].

2.4 Study area

Tirupur, one of the fastest growing cities in Coimbatore district, Tamil Nadu, was selected as the

study area for this research. Tirupur is situated about 55 kilometres north of Coimbatore city. It is well connected with rail and bus transportation. According to the 2001 census, the population of Tirupur municipal (core urban) area is 344,543. Of this 179,930 are males and 164,613 are females. This is a sex ratio of 915: 1000. The surrounding urban areas have a population of 196,202 [91]. Tirupur is well known for its hosiery industry and as a centre for export of hosiery products. It houses more than 5000 hosiery units. About 85 per cent of its products are sold in other states of India and in other countries. The most important product is yarn. Other products include sewing thread, labels, elastic tapes, and boxes. Tirupur's changing status as an export-oriented power loom centre may overtake its cotton hosiery industry.

In most of the industrial establishments in town, children and youth, both male and female, are in great demand as workers. However, with the state government's recent attempts at enforcing the anti-child labour law, fewer children now work in the factories. To meet the demand for labour, young people, especially male, migrate in considerable numbers from other districts of Tamil Nadu, and even from other states in India. Daily commuters from nearby villages and natives of the town also work in the local industries.

Most of the workers are temporarily out of school or they are dropouts. Some have studied till higher secondary school. Some have an undergraduate or postgraduate degree. The migrant workers usually leave behind their family in the villages and live in small rented rooms, mostly with peers. Initially, they work for daily wages, at times in two shifts, and earn reasonably well. They are susceptible to risk-related behaviour such as gambling, smoking, use of alcohol, and use of drugs, which may lead to participation in sexual activities. This tends to increase high-risk sexual behaviour and the possibility of sexual health problems. This study concentrated on young men who work in the hosiery establishments.

2.5 Sample size, sample frame and sample selection

Since the overall objective of this research was to understand the unprotected premarital sexual

behaviour of never-married youth, the sample size was based on the available rates of prevalence of premarital sexual intercourse. The study by Savara and Sridhar in four towns in Maharashtra showed that the percentage of men who reported ever having premarital sex was somewhat higher among the migrant workers (32 per cent, N=254), closely followed by blue collar workers (25 per cent, N=258) and then those who were working on looms (12 per cent, N=139) [50]. A study by Sankaranarayanan among 160 unmarried, mainly migrant workers, aged 18-31, in Coimbatore, showed that 37.5 per cent had had premarital sex [62].

The present study concentrated on young men workers in the 15-24 age group, among whom the incidence of premarital sexual intercourse may have been a little lower than the above. This study assumed that 25 per cent of never-married male migrant workers and 10 per cent of never-married male non-migrant workers might have had premarital sex. This amounts to a difference of 15 percentage points. In order to estimate the prevalence level within five percentage points, with 95 per cent

of confidence, the estimated sample size would have to be about 426 per group (migrants and non-migrants). This would be adequate to detect a difference of 10 percentage points. It was also presumed that there could be a non-response rate of 15 per cent (nine per cent in the Coimbatore study) in the total sample size. The required sample in each group was estimated as 502, rounded off to 500. Thus, about 500 migrant and 500 non-migrant never-married industrial workers, that is, about 1000 young, men formed the sample.

The population of Tirupur city under the municipal area formed the sample frame. This population lives across 52 wards. All wards were included in the sample frame to select the sample on a probability basis. Due to their size, the wards were categorised into small clusters (streets) of 500 households or parts thereof, so as to get at least 225-250 workers from each cluster. A rough estimate showed that at least half of the households would have one hosiery worker in the 15-24 age group. This choice was also made for logistical and economic reasons.

Table 2.1: Details of sample coverage

Details of households and respondents	Cluster from ward no.					Total
	48	06	11	22	01	
Total number of households	625	603	609	595	634	3066
Non – migrant workers						
Eligible number of workers	114	111	114	79	97	515
Interviewed workers	102	96	97	71	86	452
Refused and could not be contacted / shifted	12	15	17	8	11	63
Sample coverage	Complete coverage					
Migrant workers						
Eligible number of workers	115	119	130	111	119	594
Interviewed workers	109	107	119	102	106	543
Refused and could not be contacted / shifted	6	12	11	9	13	51
Sample coverage	Complete coverage					
Total number of never-married workers interviewed						995
Overall response rate among workers						89.8
Non-response rate among non-migrant workers						12.2
Non-response rate among migrant workers						8.6

However, in two of the randomly selected clusters, a preliminary enumeration of households showed an increase in the number of households; about 100 each in each of the clusters, and only one-third of the households had one hosiery worker in the 15-24 age group. In the same clusters, an enumeration of workers showed that slightly more than 50 per cent were migrants. They had migrated at about the age of 14 to Tirupur and had worked and lived continuously in the town at least for one year. The rest were non-migrants.

Therefore, five clusters were randomly selected. The location of the clusters is shown in the map of Tirupur city (Annexure 1). All the hosiery workers in the 15-24 age group in the selected clusters were included as sample, so as to select 500 non-migrants and migrants each. However, after the survey, the sample added up to 452 in the case of non-migrants and 543 in the case of migrants. The total sample was thus 995. The sample contained a slightly higher representation of migrant workers because in two selected clusters such workers were comparatively higher. No response and a lower participation in hosiery work among non-migrants was also the cause for their slightly lower representation in the sample (Table 2.1).

In addition to the survey of 995 young male workers, 20 youth were interviewed in-depth (see Annexure 4). These respondents were selected according to representative age and other background characteristics, with special reference to the form of their first sexual encounter. Details of respondents who participated in these interviews are provided in Table 1, Annexure 2. This information helps to examine the development of the individual's sexual behaviour as well as the circumstances that led to sexual intercourse. It helps in determining if these factors are consistent with the aggregate patterns distilled from the analysis of the survey data.

2.6 Recruitment and training of staff

A Research Assistant was recruited on July 1, 2003, and four Field Investigators were recruited on August 17, 2003. All the staff appointed for the project came with experience in collection of demographic and health data based on the survey method. During the months of July and August, 2003, the Research Assistant assisted the Principal

Investigator in reviewing the existing literature on the topic under investigation, preparing the interview schedule and the house-listing proforma, conducting the pre-test, and then finalising it.

All staff went through a one-week training programme from August 18-25, 2003. They were given an overview of the project, the importance of the study, its major objectives and their roles and responsibilities. The training covered survey methodology, reproductive physiology, and anatomy, and sexual health issues by such specialists as a demographer, a sociologist, a zoologist, a psychologist, and two doctors. Specific sessions also covered ethical issues involved in collecting data, approaching individuals and obtaining written or oral informed consent. Later the staff was taken to Tirupur to conduct two or three preliminary interviews with the respondents to familiarise them with listing houses, building a rapport with the respondents, seeking informed consent, and administering the interview schedule. After the field training doubts expressed by the staff were informally clarified.

2.7 Collection of data and ethical issues

2.7.1 Development of instruments

Researching any topic related to sex and its various dimensions is a challenging task in India, where sex is considered inappropriate for general discussion. However surveys of sexual attitudes and activities in many countries including India have demonstrated that respondents, especially adolescents and never-married young men, are willing to answer questions about these sensitive areas of human behaviour. "Recent research has demonstrated that people will talk about sexual topics, including their own sexual health behaviours, if they are approached in a positive, non-judgemental manner" [92]. Due attention is required in the formulation of items in the interview schedule, the training and supervision of interviewers and the conduct of the interviews. Keeping this in mind, two quantitative and qualitative tools of data collection were used in the present study: (i) A survey with a semi-structured interview schedule and (ii) In-depth interviews with the help of an interview guide.

The interview schedule was devised with both structured and open-ended questions relating to: (i) Socio-economic background characteristics of

never-married men and their parents, (ii) Peer group background, leisure activities, and religious attitudes, (iii) Exposure to mass media, (iv) Information needs and sources of information on sexual needs and sexual health, (v) Knowledge about reproductive physiology (both male and female) and sexuality, (vi) Knowledge of safe sex, RTIs, STDs and HIV/AIDS, (vii) Attitudes about sexuality and male sexual health, including sexual health problems, (viii) Knowledge and actual practice of various forms of sexual behaviour such as masturbation, kissing, homosexuality, and sexual intercourse, (ix) Details about the first sexual intercourse of the respondents, and (x) Knowledge of treatment and treatment-seeking behaviour for RTIs / STDs.

The interview schedule was pre-tested among 10 respondents, different from the respondents selected for the main survey. The 10 were selected from two hosiery establishments. Based on the pre-test results, some of the questions were modified and some were deleted. The final interview schedule was formulated in Tamil. Fieldwork was also done in Tamil, the language spoken by the majority in the area. For the in-depth interviews, only some selected topics, mainly about the circumstances that led to the first sexual encounter, the young men's leisure activities and related issues, were charted out in the form of an interview guide. This was also administered in Tamil.

2.7.2 *Ethical issues*

The necessity of respecting and protecting the rights and dignity of participants in social research is increasingly recognised. It has been argued that research should not harm its participants. It should positively contribute to the welfare of the people [93]. Keeping this in mind, the present study made efforts to ensure that the ethical norms of social research were not violated even inadvertently. Interviewers were instructed not to force interviewees to provide information and not to give false promises to make the respondents agree to be interviewed.

Interviews were done only after the written or oral consent of the participants. Of the 995 respondents, except 17 (1.7 per cent), all others gave written consent. If any participant wanted to know more about the project, the interviewers and the

Research Assistant provided the required details. Participants were informed at the beginning that they could withdraw at any stage of the interview. Almost all the interviews were conducted at a time and place convenient to the interviewees. Almost all the interviews were completed at the first visit. All efforts were made to conduct the interviews in privacy. Participants were assured that information provided would be kept confidential. Other ethical issues faced by the research workers were also addressed. Since the young male workers would be available mostly during evening and at night, the Principal Investigator tried to help the research workers find accommodation in the selected sample clusters. The researchers were provided with basic facilities like torches and medicines.

An Institutional Ethics Committee was constituted with the following members: a Professor of medicine, a Professor of zoology, a Professor of psychology, a lawyer and two laypersons, who were never-married hosiery workers from Tirupur. The Principal Investigator acted as Secretary to this committee. The members of the Ethics Committee met to discuss the interview schedule before it was finalised. The committee suggested that a few photocopied pages of information about safe and safer sex, reproductive physiology and anatomy, and basic information about sexual health problems be prepared. It also suggested that respondents who had RTIs and STDs should be given information about how to prevent such infections and if possible they should be referred to health care providers. It was decided that informed consent would be obtained voluntarily from the respondents. The committee finalised a copy of the letter of informed consent in Tamil. The committee also discussed the need and justification for a token remuneration of Rs. 20 to the respondents after the completion of the interview and Rs. 100 for respondents of the in-depth interviews. These sums motivated respondents to participate while also partially compensating for the wages they might lose. The Ethics Committee met again in the last week of September 2004, after the report was drafted. At this meeting, the committee went through the data, analysis and presentation, and adherence to ethical issues. It suggested a few changes to improve the report.

2.7.3 *The survey and period of data collection*

To start the actual data collection, the Principal Investigator and the Research Assistant visited the Tirupur Municipal Office for a list of ward-wise households. The list was somewhat dated and it was difficult to get the exact number of households in each of wards. However, based on this list, the wards were divided into clusters of size 500 or part thereof, which became the sample frame for the selection of clusters. After selecting the clusters in each ward, the ward's municipal councillors were asked to help in getting community members to cooperate.

As noted, households were enumerated according to a simple format to get an understanding about the number of workers in hosiery factories and their migrant status. Then the workers were informed that they would be contacted according to their convenience for information on issues related to reproductive and sexual health. The Field Investigators were given a list of respondents to be interviewed in each cluster. The Research Assistant supervised and monitored the data collection. The Principal Investigator visited the study area four times to supervise and monitor the fieldwork. In addition, the Research Assistant and Field Investigator contacted the 20 respondents selected for the in-depth interview. The Research Assistant conducted all the in-depth interviews, except two, which were done by the Principal Investigator in the beginning. Most of the interviews were done over 35–60 minutes and mostly at one sitting. The in-depth interviews took 45–60 minutes. All the information required for the study was obtained between August 27, 2003 and December 31, 2003.

2.7.4 *Problems in the field*

As in any field survey, unforeseen problems did arise. These problems, however, would not have affected the quality of the data. Some of the major problems are discussed here. At the beginning of the survey, Population Services International (PSI), an NGO, released an advertisement on AIDS awareness in mass media such as television, magazines, posters and local newspapers. The caption read, "*Pullirajavukku AIDS varuma?*" (Would the person named Pulliraja get affected with AIDS?). Since the caption did not clarify who Pulliraja was, it generated

curiosity. After a few days, the NGO published a news item clarifying that Pulliraja is a person involved in unprotected sex. It also said that the organisation wanted to undertake a survey of youth. At this juncture, when the interviewers went into the field, participants mistook them to be people from the NGO. They were cautious in their responses to questions about sexual behaviour. The Principal Investigator contacted a member of the Ethics Committee who was involved in an AIDS project. He gave tips to the interviewers to overcome this problem.

Another problem related to the time to contact the respondents. The young men worked during most of the day, usually in the 7 a.m. to 3 p.m. shift. Some worked another half shift up to 7 p.m., at times two shifts till 11 p.m. After work, they would be tired and trying to rest. This was when the interviewers would approach them. However, eventually the interviewers managed to contact the respondents at a time convenient to the workers. Attempts were made to interview them on Sunday, the day of rest. The research staff therefore took Tuesdays off instead of Sundays. A few respondents shifted residence between the period of house listing and interviewing. Substituting the sample took care of this problem.

2.8 *Analysis of the data*

After the Field Investigators collected the data, interview schedules were initially edited. Then a data entry operator entered the data into SPSS [94] spreadsheets on a computer. The data was crosschecked for transcription errors and inconsistencies. For the analysis, initially, frequency tables were prepared to understand the background characteristics of the respondents as well as their parents. To get generalisations for a broad domain, some Indexes were prepared based on the related and selected items. The details of the construction of such Indexes are given in Annexure 3. The differentials in various dimensions of reproductive and sexual health were analysed with cross-tabulations. The definitions of the various explanatory variables as well as the dependant variables used in the analyses and also the variables included in the different analyses are given in the respective chapters. Finally, the determinants of high risk-related behaviour of the respondents, in addition to their knowledge of

reproduction, sexuality and sexual health, attitudes towards sexuality, premarital sex and related issues, and misconceptions, have been analysed with the help of multivariate techniques like multinomial logistic regression analysis and linear regression analysis (for details see the relevant sections). The analyses have been carried out separately for total sample workers, non-migrant workers, and migrant workers.

The data collected through in-depth interviews was transcribed and analysed with the help of simple frequency tables and interpreted on a descriptive basis. These findings were incorporated where relevant in the report, in addition to a separate chapter.

2.9 Limitations of the study

The data was self-reported by the respondents, which has its limitations for a topic of this kind. However, when we compare the data from in-depth interviews and from the surveys, the data appear to be consistent. Of course if the respondent wanted to deliberately hide information about his private life or provide limited information, this would affect the data. For some analyses, the sample size across the sub-groups of population like age group or migrant status was not sufficient to examine the differentials and determinants of a particular phenomenon. Despite efforts of the field staff, the data about RTIs / STIs appeared to be comparatively less reliable, for which analysis has been avoided.

Chapter 3

Background characteristics of the respondents

3.1 Introduction

A brief description of the background characteristics of the respondents is provided in this chapter. These include: socio-demographic and economic characteristics, type of work, leisure activities, exposure to mass media, participation in activities that predispose risk-related behaviour, and interaction with peers. Information about selected socio-economic characteristics of the respondents' parents is also given. To determine if these characteristics vary according to the respondents' migrant status, details are provided separately for non-migrants and migrants.

3.2 Demographic and socio-economic characteristics of the respondents

In the total sample of never-married factory workers, a little more than three-fifths (61 per cent) were in the 20-24 age group. This percentage was higher among migrants. The overall median age of the respondents was 20 years, but migrants were older by one year than their non-migrant counterparts (Table 3.1).

A great majority of the workers (90 per cent) were Hindu. Religious background amongst migrant and non-migrant workers did not differ much. More than three-fourths of the respondents (78 per cent) belonged to Backward Castes. About one-tenth belonged to Scheduled Castes/Tribes (10 per cent). Another nine per cent were either from the most backward castes or upper castes. About three per cent did not reveal their caste background. The pattern was similar across migrant status, except that the number of Scheduled Castes/Tribes was higher in the case of migrants, whereas the share of Backward Castes was slightly higher among non-migrants.

A simple majority (44 per cent) had studied up to middle school (standard sixth to eighth), followed by high school and above (34 per cent). Slightly more than one-fifth of the respondents had attended school up to the primary level (standard first to fifth). The percentage was four times higher among non-migrants (38 per cent) compared to

migrants (10 per cent). The concentration of respondents who were educated up to high school and above was higher among migrants than non-migrants. Consequently, the average number of years of schooling was higher among non-migrant (9.0 years) than migrant workers (6.8 years).

Monthly income ranged from Rs. 2000-2999 for 47 per cent of the respondents, followed by Rs. 3000 and above. About one-fourth earned less than Rs. 2000. The median income of the respondents was Rs. 600; migrant workers earned Rs. 100 more than non-migrant workers. A simple majority (32 per cent) of the respondents said that their family incomes were Rs. 2,000 or less. About 28 per cent belonged to higher income brackets (Rs. 4001 and above), whereas five per cent of the respondents reported that their family members did not earn any income other than theirs. The median family income did not vary across their migrant status. About 69 per cent of the respondents currently lived with family members. The rest stayed with peers in a room. About five per cent of the non-migrants lived with peers as against 52 per cent in the case of migrants. The remaining lived with family members.

3.3 Respondents' work and related characteristics

The sample respondents worked in hosiery factories. Forty-eight per cent were engaged in tailoring and related tasks, followed by "assisting the tailors and related work" at 28 per cent. About 19 per cent worked as "cutting / ironing masters." A few worked in "supervision and other white-collar work" (Table 2 in Annexure 2). The percentage of tailors and related workers was higher among non-migrants compared with migrants. The opposite pattern was true in the case of cutting / ironing masters and related workers.

A simple majority of the respondents (38.5 per cent) had only one-two years of work experience followed by three-four years, and five years and more. The percentage of respondents who had one-two years of experience was two times higher among

Table 3.1: Background characteristics of respondents by their migrant status

Background Characteristics of the respondents	Non-migrant workers		Migrant workers		Total	
	%	No.	%	No.	%	No.
Current age						
15-19	50.7	229	29.3	159	39.0	388
20-24	49.3	223	70.7	384	61.0	607
Religion						
Hindu	88.7	401	90.4	491	89.6	892
Muslim	5.5	25	3.9	21	4.6	46
Christian	5.8	26	5.7	31	5.7	57
Caste						
Scheduled Castes / Tribes	4.4	20	14.0	76	9.6	96
Most Backward Castes	6.6	30	5.7	31	6.1	61
Backward Castes	82.5	373	75.5	410	78.3	783
Forward castes	3.5	16	2.2	12	2.8	28
No response	2.9	13	2.6	14	2.7	27
Education***						
Up to primary school@	38.1	172	9.6	52	22.5	224
Middle school	45.4	205	42.2	229	43.6	434
High school and above	16.6	75	48.3	262	33.9	337
Monthly income (in Rs.)*						
< 2000	25.4	115	23.4	127	24.3	242
2000 - 2999	50.0	226	44.4	241	46.9	467
3000 +	24.6	111	32.2	175	28.7	286
Monthly family income (in Rs.)						
No income	5.8	26	4.6	25	5.1	51
<=2000	30.3	137	32.4	176	31.5	313
2001 - 3000	20.6	93	17.7	96	19.0	189
3001 - 4000	16.8	76	16.6	90	16.7	166
4001 +	26.5	120	28.7	157	27.7	276
Place of stay						
With family in a home	95.1	430	47.7	259	69.2	689
With peer in a room	4.9	22	52.3	284	30.8	306
Total	100.0	452	100.0	543	100.0	995

Note: * and *** = Chi-square results between migrant and non-migrant workers are significant at 0.05 and 0.001 level, respectively. @ = 11 Respondents who were illiterate included here.

migrants (50 per cent) than among non-migrants (24 per cent). The opposite pattern was visible for those who had worked for five years and more. As a result, the median years of work experience of non-migrants was higher by two years over the migrants (four years and two years, respectively).

Work was based on an eight-hour shift system, with fixed daily wages. However, some also worked on piece rate, mostly cutting and stitching, where the wages depended upon the numbers cut or stitched. Among the sample, two-thirds of the

respondents worked at the shift rate (66 per cent), the rest on piece rate. The percentage of respondents who worked on shift rate was higher among non-migrants; the reverse pattern existed for those who got a piece rate.

Two-thirds worked more than 11 hours a day, one-fifth for 9-10 hours and the rest for eight hours or less. The percentage of respondents working for 11 hours or more was slightly higher among migrants. The percentage of respondents working for the whole year was also higher among migrants.

More than half of the respondents were interested in starting their own business or becoming self-employed in the near future. One-fourth was interested in tailoring and related work, which paid well. About one-tenth preferred a permanent job; the percentage was higher among migrants (15 per cent) than non-migrants (four per cent). Non-migrant workers were more interested in self-employment (61 per cent) than migrants (51 per cent).

Based on responses to questions about their religious activities (prayer at home, number of visits to place of worship, and frequency of religious fasting), an Index of religiosity of the respondents was computed. Scores of 0, 1, 2, were assigned for the responses of "no/not at all/never," "sometimes/occasionally/rare," and "regular/ weekly/often," respectively in the case of the three activities. Such scores were pooled together for each respondent to get an Index of religiosity (for details see Annexure 3). About 63 per cent of the respondents were less religious, and 37 per cent were more religious. The more religious were moderately higher among non-migrants (41 per cent) than among the migrants (34 per cent). When asked about their parents' level of religiosity (as perceived by the respondents), slightly less than three-fifths (58 per cent) mentioned that their parents were comparatively more religious. The level of religiosity of the parents of the respondents did not vary much by the respondents' migrant status.

The respondents' overall level of exposure to the mass media was calculated by assigning scores of 0, 1, and 2, respectively for their frequency of exposure in terms of "never," "occasionally," and "frequently" to four types of mass media: newspapers, films, television and radio. (For details see Annexure 3). About 48 per cent of the respondents had higher (score of 9-10) exposure to mass media; 51 per cent among migrants and 44 per cent among non-migrants. The percentage of respondents categorised under lower (scores of 0-6) and moderate (7-8) level of exposure to mass media was higher among non-migrants. The χ^2 - results for the differentials in the respondents' level of religiosity and exposure to mass media across their migrant status are noted to be highly and moderately significant, respectively.

Participation in leisure activities and in activities that predispose risk-related behaviour, along

with interaction with peers, are crucial in acquiring information about patterns of sexual behaviour. The respondents were asked about their participation in terms of "never," "rare," and "often," in watching television, going to see movies, and playing cards. Scores of 0, 1, and 2, respectively assigned for each of these responses, were pooled together to get an Index of participation of leisure time activities (for details see Annexure 3). Table 2 in Annexure 2 shows that 62 per cent of the respondents participated to a higher extent (score of 3-6) in leisure activities; the percentage was slightly higher for non-migrant workers. The others participated to a lesser extent (score of 0-2). These differentials turned out to be statistically significant.

The respondents' participation in the activities that predisposed risk-related behaviour were also computed in the form of an Index based on their frequency of participation in terms of "never," "occasionally," and "frequently" in six different activities: gambling, chewing tobacco or paan, smoking bidis or cigarettes, drinking alcohol, reading pornography, and viewing pornographic films or websites. Scores of 0, 1, and 2 were assigned for each of their frequency of participation, and combined for each respondent to get an Index (for details see Annexure 3).

Based on cumulative scores, all respondents were categorised into three groups (Table 2, Annexure 2). About half of the respondents participated to a lesser extent (score of 1-4) in activities that predisposed risk-related behaviour followed by about one-third to a higher extent (scores of 5-12). Slightly less than one-fifth had not participated in any such activity. The percentage of respondents who participated to a higher extent in such activities was higher among migrant workers. The χ^2 - results suggest that the differentials in the respondents' levels of participation in activities that predisposed risk-related behaviour (Index) were significant.

To measure interaction with peers, the respondents were asked about the number of boyfriends and girlfriends they had at the workplace and at the place of residence. They were asked how many of these friends participated in activities that predisposed risk-related behaviour. The majority had at least five male friends or less, followed by 6-10 friends and 11 friends or more. Differentials in

number of friends by migrant status were negligible. More than 55 per cent reported that they did not have even one female friend, whereas 27 per cent had 1-5 girlfriends and the remaining 18 per cent had six or more. The percentage that had girlfriends was marginally higher among non-migrants. Slightly less than two-fifths had four or less of friends who participated in high-risk behaviour, followed by 5-9 friends. One-fourth had 10 or more such friends. Differentials across migrant status were almost nil, but the percentage of respondents with a higher number of friends with high-risk behaviour was marginally higher among migrants.

3.4 Background characteristics of the respondents' parents

Information about the selected background characteristics of the respondents' parents is given in Table 3 in Annexure 2. The information is provided only for those parents who were reported to be alive by the respondents at the time of the survey. One-third of the respondents reported that their fathers were in the age range of 45-49 years followed by 50-54 and 55 years and above. One-sixth of their fathers were younger (35-44 years). Except 14 per cent mothers who were 50 years or older, the remaining spread evenly across the age-categories under consideration. Differentials in parents' age did not vary much across the migrant status of the respondents. A general pattern of husbands being older by seven years on average was observed.

A simple majority, 32 per cent, were educated up to primary school level, about one-fifth each up to middle school and high school and above. The rest, 28 per cent, were illiterate. The percentage of fathers educated up to primary school was higher for non-migrant respondents. The opposite pattern was true for those educated up to high school and above. Consequently, the average years of schooling of the fathers whose sons had migrated was slightly higher (5.1 years) than fathers of non-migrants workers (4.8 years). The differentials in fathers' education levels across their sons' migrant status were statistically significant. Details of mothers' educational status show that slightly less than half were illiterate, whereas more than one-fourth were educated up to primary school, one-sixth up to middle school, and about 12 per cent up to high

school and above. Differentials in mothers' education across sons' migrant status were marginal.

One-fourth each of the respondents' fathers were engaged in daily wage labour (27 per cent) and cultivation / business / white collar works (26 per cent), whereas one-fifth did tailoring and related work. Lower grade manual workers constituted 14 per cent. The remaining 13 per cent were not working. The percentage of fathers engaged in daily wage work was higher among those with migrant sons. The reverse pattern was noticed for those engaged in cultivation/business/white collar work, tailoring and other factory work. These differentials in occupational categories were statistically significant. In the case of occupation of the mothers, a large majority, 78 per cent, were housewives. The remaining participated in different economic activities; the share of tailors and other factory workers was substantially higher. This pattern did not vary much across their sons' migrant status.

About one-fourth to one-fifth of the fathers earned a monthly income in the range of Rs. 1000 or less to Rs. 2001 and above. About 27 per cent of the fathers of migrant workers earned comparatively lower incomes per month than the fathers of non-migrant workers. The opposite pattern was true for those who earned comparatively higher incomes (Rs. 1501-2000, and Rs. 2001 and above). Consequently, the mean monthly income of the fathers of non-migrant workers was moderately higher (Rs. 1594) than their counterparts (Rs. 1549). Hardly one-sixth of the mothers earned Rs. 1001 and above per month. About one-tenth earned a monthly income of less than Rs. 1000. The rest did not earn any income. The percentage of mothers who earned comparatively higher incomes was more among migrant workers. The mean monthly income of the former group of mothers was marginally higher (Rs. 334) than the latter (Rs. 272).

3.5 Parents' supervision of the respondents' daily activities

Supervision by parents plays an important role in moulding children's behaviour in general and sexual behaviour in particular. This study collected information from the respondents about the level of control over eight selected daily activities. Based on the responses, two Indexes were computed (for details see Annexure 3).

It can be seen (Table 3.2) that slightly more than three-fifths of the respondents felt their fathers' overall level of supervision of their routine activities was comparatively lower (score of 0-4). The rest perceived such monitoring as higher (scores 5-8). Supervision by fathers to a higher extent was marginally higher among migrant workers, but not statistically significant. More than half of the respondents were of the opinion that their mothers' level of supervision of their daily activities was comparatively lower. The rest perceived that their mothers supervised their daily activities to a higher extent. Differentials were almost negligible across migrant status.

3.6 Summary

A large majority of young never-married factory workers were in the 20-24 age group, from backward communities, educated up to middle school and above, earned moderate incomes (Rs. 2000 per month and above) and stayed on rent in rooms with peers. Most of them worked as tailors and in related tasks such as assistants, had more than three years of experience, worked in shifts often for more than 11 hours and above per day, and intended to start their own business, become self-employed, or seek a permanent job. A majority participated in leisure activities such as watching television, films, and playing cards. Interaction with peers was high.

Differentials existed in selected background characteristics across the respondents' migrant status. Migrants were slightly older (by one year),

better educated (two years in terms of average years of schooling), and earned comparatively higher incomes (Rs. 100 more in terms of median monthly income). More than half lived in rooms with peers and a simple majority was exposed to mass media to a "moderate" and/or "higher" extent than non-migrants. A majority of non-migrants worked as "tailor and related work," had two years of higher (median) work experience, worked on shift rates and were interested in soon starting a business or becoming self-employed. They appeared to be more religious than their migrant counterparts. Differentials in interaction with peers across the respondents' migrant status were negligible, except that the percentage that had female friends was marginally higher among non-migrant workers.

A greater majority of the respondents' fathers had some education, did "daily wage work" and/or "tailor and related" work, earned Rs. 1001 or more per month, and were perceived to be somewhat lenient towards the respondents in supervising their daily activities. Slightly more than half of their mothers had some education, more than three-fourths were "not-working for wages outside the home," or earned meagre amounts per month, and were slightly less lenient towards their sons. The fathers of migrant workers were slightly more educated, but the majority were engaged in daily wage work and had comparatively lower monthly incomes than their non-migrant counterparts. The level of supervising respondents' routine activities at home by fathers as well as mothers did not vary much across migrant status.

Table 3.2: Percentage distribution of respondents by parents' supervision of their daily activities

Supervision of respondents' daily activities by parents	Non Migrant workers		Migrant workers		Total	
	%	No.	%	No.	%	No.
Supervision of respondents' daily activities by father						
Lower (0-4)	64.5	271	60.9	300	62.5	571
Higher (5-8)	35.5	149	39.1	193	37.5	342
Total	100	420	100	493	100	913
Supervision of respondents' daily activities by mother						
Lower (0-4)	54.8	238	54.0	278	54.4	516
Higher (5-8)	45.2	196	46.0	237	45.6	433
Total	100	434	100	515	100	949

Chapter 4

Knowledge about reproduction, sexuality and sexual health

4.1 Introduction

This chapter analyses the knowledge of the factory workers about reproduction, reproductive health issues, sexuality, and sexual health problems. This will help to examine if there is an association between such knowledge and risk-related sexual behaviour. Differentials in knowledge by selected background characteristics of the respondents are also examined. The major determinants of overall level of knowledge are analysed with a multivariate technique, the multiple regression analysis.

4.2 Knowledge about reproduction and sexuality

It can be inferred from Tables 4.1a and 4.1b that the respondents' knowledge about various aspects of reproduction and sexuality was below average. Migrant workers appeared to be more knowledgeable than their non-migrant counterparts. About half the respondents, (Table 4.1a), irrespective of their migrant status, thought that boys become ready for reproduction only by age 18. About 44 per cent said ages 15-17. Only seven per cent of the

Table 4.1a: Percentage distribution of respondents by knowledge of reproduction and sexuality according to their migrant status

Knowledge of various aspects of reproduction and sexuality	Non-Migrant workers		Migrant workers		Total	
	%	No.	%	No.	%	No.
Reproductive age (boys)						
<=14	7.6	34	6.1	33	6.8	67
15 - 17	42.9	192	45.8	248	44.4	440
18 +	49.6	222	48.2	261	48.8	483
Reproductive age (girls)						
<=14	29.8	133	28.2	153	28.9	286
15 - 17	30.2	135	37.4	203	34.1	338
18 +	40.0	179	34.4	187	37.0	366
No. of days each menstruation lasts*						
No knowledge	36.5	165	27.8	151	31.8	316
<=28 days/ more than 1 month	10.6	48	13.6	74	12.3	122
28 days / one month	52.9	239	58.6	318	56.0	557
Day in a menstrual cycle on which egg would be released						
No knowledge	92.5	418	94.5	513	93.6	931
<=11 / >= 15	6.9	31	5.2	28	5.9	59
12 - 14 days	0.7	3	0.4	2	0.5	5
Knowledge of safe period						
No knowledge	90.3	408	91.7	498	91.1	906
< 1 week before and > 10 days after menstruation	4.9	22	2.9	16	3.8	38
One week after and 10 days before menstruation	4.9	22	5.3	29	5.1	51

Note: ** = Chi-square value between migrant and non-migrant workers is significant at 0.01 level

respondents, all never-married male factory workers, ages 15-24, mentioned that boys are ready for reproduction by the ages of 10-14. This is considered as the accurate knowledge.

About three-tenths of the respondents correctly said girls would be ready for reproduction by ages 9-14. The remaining said either 18 years or 15-17 years. About 56 per cent correctly said the menstrual cycle occurs every 28 days or once a month. About 12 per cent said less than 28 days or more than a month. Slightly less than one-third knew nothing about this. Migrant workers were slightly better informed. Very few respondents knew about the day the egg must be released in a menstrual cycle. A small proportion knew about the safe period. These responses were similar across migrant status (Table 4.1a).

When asked how they would know if a boy or girl is ready for reproduction (Table 4.1b), 36-38 per cent reported that "attainment of puberty" is the major indication. Slightly less than half said boys wearing dhotis/ lungis and about half said that girls wearing saris, are signs that adolescents are ready for reproduction. In this part of the country, boys generally wear a white or coloured cloth tied round the waist that falls to the feet. Girls wear a similar colour garment, but with one end of the cloth covering the upper portion of the body. About one-tenth of the respondents reported that the "behaviour / facial expressions / feelings" change among both boys and girls once they are ready for reproduction. Differentials in knowledge were not significant across migrant status, except for "behaviour/facial expressions/feelings" among girls.

Table 4.1b: Percentage distribution of respondents by their knowledge of reproduction and sexuality according to their migrant status

Knowledge of various aspects of reproduction and sexuality	Boys			Girls		
	Non-Migrant workers	Migrant workers	Total	Non-Migrant workers	Migrant workers	Total
Knowledge of how a boy or girl would be ready for sex/ reproduction						
Behaviour / feelings	6.9	8.8	7.9	8.8	14.2	11.8**
Face brightness	12.2	12.2	12.2	11.9	9.4	10.6
Age attainment (puberty)	35.6	40.0	38.0	33.6	37.0	35.5
Wearing <i>dhotis</i> /saris	50.4	48.3	49.2	45.4	44.8	45.0
Bodily changes after puberty						
Moustache/beard for boys / breasts for girls	73.2	75.5	74.5	78.8	85.3	82.3**
Facial pimples	33.4	34.1	33.8	21.6	28.2	24.9**
Good physique	8.8	9.0	8.9	9.7	10.7	10.3
Growth of genital hair	7.3	8.7	8.0	6.6	6.3	6.4
Change in voice	7.1	7.9	7.5	2.0	2.6	2.3
Growth of sexual organs	5.1	3.5	4.2	3.1	1.3	2.1*
Sperm release for boys/ menstruation for girls	3.5	4.6	4.1	1.5	3.9	2.8*
Face brightness	1.3	1.5	1.4	2.4	2.6	2.5
Safe sex means						
Sexual contact with husband	10.6	12.5	11.7	7.5	7.4	7.4
Sex with condom for boys/ tablets for girls	87.4	93.6	90.8***	9.1	7.7	8.3
Copper- T	—	—	—	4.9	8.1	6.6*
Total	452	543	995	452	543	995

Note: +, *, **, and *** = Chi-square between migrant and non-migrant workers is significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

In terms of bodily changes at puberty (Table 4.1b), 75 per cent of the respondents said that for boys, "growth of moustache/beard" is the major change, followed by "appearance of pimples on face." Some reported "good physique/growth of body/weight or height gain," followed by "growth of hair in private parts/underarms," and "change in voice." A few said "growth of sexual organs" and "sperm release." The responses did not vary significantly across migrant status. In the case of girls, 82 per cent said "development of breasts" was the major change in the body at puberty. Slightly more than one-fourth said "appearance of pimples on face." The percentage of those who mentioned these two bodily changes was significantly higher among migrants. The percentage that mentioned "growth of sexual organs" and "menstruation" was moderately significant among migrant workers.

Respondents were also asked what safe sex means. For boys, a great percentage said, it means "using condom during sexual intercourse." This percentage was significantly higher among migrant workers. About 12 per cent felt that "participating in sex with wife only" was safe sex. For girls most respondents said using oral pills or copper-T was safe sex, in addition to "sexual contact with husband only." Thus, significantly, for girls, young men mostly felt that taking precautions against getting pregnant is safe sex.

4.3 Knowledge about various sexual acts

By and large, respondents were knowledgeable in this context (Table 4.2). The percentage of awareness about sexual activities was higher among migrant workers. All respondents, irrespective of migrant status, were aware of sexual acts like deep kissing, biting the neck, and hugging. This was closely followed by masturbation, vaginal intercourse, and caressing of breasts. About 65-89 per cent of the respondents knew about sexual acts like caressing hips and thighs, heterosexual or homosexual oral sex, anal sex, and masturbation. Differentials across migrant status were statistically significant. Knowledge about "sex between thighs" was low among the respondents and did not differ much across their migrant status.

4.3.1 Sources of knowledge about various sexual activities

Friends, pornographic films and books or magazines emerged as the major sources of information, especially among migrant workers (Table 4.2). Living away from their families, with some degree of autonomy to spend their income may be factors that allowed the migrant workers to learn more about various sexual activities.

A large percentage of respondents learned about sexual activities from friends, followed by pornographic films and websites. Books, magazines, and posters occupied the next place. Cable television and pornographic films on CD/DVD were at last place for both migrant and non-migrant workers for information about all sexual acts, except deep kissing, biting the neck, and hugging. A higher percentage of non-migrant workers mentioned friends as a major source of information for biting neck, hugging and so on, as against their migrant counterparts. The reverse was true with regard to heterosexual masturbation.

For other sexual activities, migrant and non-migrant workers equally cited friends as the major source of information. Films and the Internet were the major sources of information for migrant workers about deep kissing, biting the neck, hugging, caressing breasts, and vaginal intercourse. The incidence of these media as sources of information for homosexual masturbation was higher among non-migrant workers. Books, magazines, and posters were a major—even significant—source of information for all sexual activities under consideration for migrant workers, more so than for non-migrants. Only 5-11 per cent respondents said they learned about sexual activities (other than deep kissing, biting, and hugging) through television, especially cable. Overall, more non-migrant workers mentioned television and/or cable TV. This number was significant at different levels in a majority of the cases.

4.4 Knowledge about HIV/AIDS

As Table 4.3 shows, 92 per cent of the respondents had heard about HIV/AIDS. The percentage was moderately higher among migrant workers. When asked to mention the modes of transmission of HIV/AIDS, a majority correctly said

Table 4.2: Percentage distribution of the respondents by major sources of information about various sexual activities according to their migrant status

Type of sexual activities	Knowledge of various sexual activities			Major sources of information for various forms of sexual behaviour											
				Friends			Television			Books/magazine			Pornographic films		
	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8	Col.9	Col.10	Col.11	Col.12	Col.13	Col.14	Col.15	Col.16
Deep kissing	100.0	100.0	100.0	84.1	82.1	83.0	83.0	84.2	83.6	51.5	60.0	56.2**	57.5	66.5	62.4***
Biting neck, hugging, etc.	100.0	100.0	100.0	83.4	79.4	81.2*	73.7	71.1	72.3	51.5	60.0	56.2**	57.5	67.4	62.9***
Self-masturbation	98.7	99.8	99.3*	97.1	97.8	97.5	8.5	8.1	8.3	10.5	18.5	14.9***	34.1	31.5	32.7
Homosexual masturbation	64.6	72.4	68.8**	84.6	88.5	86.9	8.9	4.6	6.4*	16.8	20.9	19.1	54.1	46.6	49.8*
Heterosexual masturbation	63.5	69.8	66.9*	82.2	88.1	85.6**	9.4	6.9	8.0	19.5	23.0	21.5	59.6	53.8	56.3
Caressing of breasts	94.9	98.7	97.0***	86.9	86.9	86.9	12.8	9.9	11.2	26.1	32.6	29.7*	61.5	70.0	66.2**
Caressing hips / thighs	84.5	92.6	88.9***	85.9	88.1	87.1	13.6	8.3	10.6**	21.7	31.0	27.0***	66.0	71.6	69.2*
Sex between thighs	44.9	44.8	44.8	96.1	96.7	96.4	13.8	8.2	10.8*	14.3	12.8	13.5	59.1	58.0	58.5
Vaginal intercourse	96.0	98.5	97.4**	90.3	91.0	90.7	9.4	7.9	8.6	26.5	36.8	32.2***	61.5	70.3	66.4***
Homosexual oral sex	63.3	68.7	66.2*	79.4	82.8	81.3	8.7	4.6	6.4*	13.3	14.2	13.8	65.4	62.5	63.7
Heterosexual oral sex	68.8	79.4	74.6***	80.1	83.9	82.2	8.0	4.4	5.9*	15.1	23.4	19.9***	66.9	67.5	67.3
Homosexual anal sex	63.9	71.8	68.2**	80.6	82.8	81.9	7.6	3.8	5.4	12.1	14.9	13.7	64.0	62.6	63.2
Heterosexual anal sex	67.9	77.1	72.9***	80.8	83.5	82.3	7.5	4.1	5.5*	15.0	22.7	19.4**	66.4	68.9	67.9

Note: NMW = Non-migrant workers; MW = Migrant workers.

+, *, **, and *** = Chi-square values between migrant and non-migrant workers are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

sexual contact with sex workers, contaminated blood transfusion from infected mother to child at birth, unprotected sexual intercourse and contaminated syringes. The percentage of respondents who mentioned transmission from mother to child was much higher among migrant workers.

Despite extensive AIDS awareness programmes, a high proportion of the respondents, irrespective of their migrant status, thought that kissing an infected person could transmit HIV/AIDS. Non-migrant workers were moderately higher in reporting this aspect. A substantial percentage of

respondents believed that mosquito bites, shaving blades, and oral sex were also possible modes of HIV/AIDS transmission. About one-tenth thought transmission was possible even in heterosexual intercourse using a condom. The percentage was moderately higher among non-migrant workers. Overall, a large proportion of factory workers had accurate information about the transmission of HIV/AIDS. Some however have inaccurate knowledge, in spite of the National AIDS Control Programme of India and regular information about HIV/AIDS in the mass media.

Table 4.3: Percentage distribution of the respondents by their knowledge about HIV / AIDS according to their migrant status

Knowledge about HIV / AIDS and related issues	Non-migrant workers	Migrant workers	Total
Heard about AIDS	89.6@ N=405	94.1@ N=511	92.1@** N=916
Modes of transmission of AIDS			
Sexual intercourse with sex workers	99.3	99.6	99.5
Blood transfusion	98.3	98.0	98.1
Infected mother to child	90.9	95.3	93.3**
Sexual intercourse with males without condom	84.9	87.7	86.5
Intravenous drug use (needles/ syringes)	82.2	82.8	82.5
Razors	29.1	28.4	28.7
Oral sex	31.9	28.8	30.1
Kissing persons who have AIDS	52.1	53.4	52.8*
Mosquito bite	61.2	67.5	64.7
Heterosexual intercourse using condoms	11.6	7.4	9.3*
Sources of information for AIDS			
Television	98.3	98.2	98.3
Friends / relatives	95.1	97.1	96.2
Radio	94.1	95.7	95.0
Newspapers / magazines	91.1	96.5	94.1***
Workplace	78.8	87.1	83.4***
Pamphlets / posters	76.0	82.8	79.8**
Schools / teachers	39.3	51.1	45.9***
Doctors	32.8	39.1	36.4*
Paramedical personnel	29.6	32.5	31.2
Ways in which one can avoid AIDS			
Having sex with only one partner	99.8	100.0	99.9
Avoiding sex with prostitutes	99.5	99.8	99.7
Using condoms during sex	97.8	99.0	98.5
Avoiding contaminated transfusion / needles	90.4	91.6	91.0
Resorting to masturbation	51.4	46.6	48.7
Abstaining from sex	14.1	15.5	14.8
Avoiding homosexual sex	11.4	7.0	9.0*

Note: @ = The percentages calculated are out of the total sample of 452, 543 and 955, respectively.
*, ** and *** = Chi-square values between migrant and non-migrant workers are significant at 0.05, 0.01, and .001 levels, respectively.

With regard to sources of information, television was followed by friends/relatives, radio, and newspapers/magazines. Then came the workplace and pamphlets/posters. Schools/teachers, doctors, and paramedical personnel were also mentioned as sources of information about HIV/ AIDS by about 31-46 per cent of the respondents. A higher percentage of migrant workers reported all sources of information, except television. Such differentials were significant in the case of news papers/ magazines, work place, schools/teachers, pamphlets/ posters and doctors.

Respondents were asked to state the ways in which AIDS may be avoided (Table 4.3). Almost all the respondents, irrespective of their migrant status, listed having sex with only one partner (wife), avoiding sex with sex workers, using condoms during sexual intercourse and avoiding contaminated blood transfusion/needles/syringes. About fifty per cent and one-sixth of the respondents, respectively, thought masturbation and abstinence from sex were the major ways to avoid HIV infection. One-tenth felt HIV could be avoided by avoiding homosexual activity. This inaccurate information was moderately higher among migrant workers.

4.5 Knowledge about RTIs and STIs

Knowledge about selected RTIs/STIs (Table 4.4) was low amongst the respondents, more so among non-migrants. Almost all respondents, irrespective of their migrant status, were aware of "burning pain / sensation in the penis during urination" followed by a substantial number who reported, "itching around genital organs." Another substantial number, migrants more so than non-migrants, were aware of STI symptoms like "pus discharge from the penis," "wound/swelling in penis." A large proportion of the respondents correctly reported avoiding sex with persons who had STIs and avoiding sex with multiple partners as ways to avoid STIs, closely followed by respondents who said using condoms during sexual intercourse. The level of accurate information was higher, and statistically significant, among migrants. A considerable percentage of the respondents thought that masturbation would help in avoiding STIs. A sizeable percentage felt that the withdrawal method and washing genitals after sex were good preventives against STIs. There were almost no differentials across groups in the last three aspects.

Table 4.4: Percentage distribution of respondents by their awareness of RTIs / STIs according to their migrant status

Knowledge about RTIs / STIs	Non-migrant workers N= 452	Migrant workers N= 543	Total N=995
Awareness of RTIs/STIs			
Burning pain / sensation during urination	97.3	95.8	96.5
Pus discharge from the penis	11.3	18.4	15.2***
Itching around genital organs	40.7	45.7	43.4
Wound / swelling in penis	20.1	25.0	22.8+
Ulcer in penis	19.5	22.5	21.1
Inguinal swelling	18.1	22.7	20.6+
Ways in which one can prevent STIs			
Avoiding sex with persons suffering from STIs	89.6	94.1	92.1**
Avoiding sex with multiple partners	89.6	94.1	92.1**
Using condoms during sexual intercourse	88.1	93.6	91.1***
Resorting to masturbation	36.1	38.3	37.3
Adopting withdrawal method	65.5	65.4	65.4
Washing (or keeping clean) genitals after sex	15.0	12.9	13.9

Note: +, *, ** and *** = Chi-square values between migrant and non-migrant workers are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

4.6 Differentials in respondents' knowledge of different components of reproductive and sexual health

In the preceding section, the level of the respondents' knowledge about issues related to reproductive and sexual health was assessed with individual items. Some of these items were closely related to the selected broader topics. Therefore they were categorised under various sub-headings, to compute an Index of the level of knowledge of distinct issues like reproduction and sexuality, type of sexual acts, HIV/AIDS, and RTIs/STIs. This was done by assigning scores to individual responses to each of the items. Scores were then pooled together to construct each Index. Based on combined scores, the level of knowledge of each of the respondents was assessed for the aforementioned four components, in addition to an overall knowledge Index about reproduction, sexuality and sexual health (RSSH), which was based on the combination of the four Indexes. For details of the construction of these Indexes see Annexure 3.

This section examines the differentials in these Indexes (in the form of mean scores) across the migrant status of the respondents. Then the differentials in the five Indexes are looked at across the respondents' background characteristics including interaction with peers, participation in activities that predispose risk-related behaviour and parents' socio-economic characteristics. The analysis is based on mean scores of each Index across the categories. The differentials in the mean scores were tested with the help of one-way ANOVA. All the analyses were done for the total sample as well as for non-migrant and migrant workers, separately.

4.6.1 Differentials in respondents' knowledge of reproduction, sexuality and sexual health across their migrant status

The overall mean score of knowledge (Table 4.5) of reproductive and sexual health of the respondents was 34.77 with a standard deviation of 4.47. The mean knowledge score of RSSH was significantly higher among migrant workers (35.24;

Table 4.5: Mean scores of respondents' knowledge of reproduction, sexuality, and sexual health according to their migrant status

Respondents' knowledge of various dimensions of reproduction, sexuality, and sexual health	Migrant workers N = 452	Non-migrant workers N = 543	Total N = 995
Knowledge of reproduction and sexuality ⁺	5.00 (±2.07)	5.23 (±1.97)	5.12 (±2.01)
Knowledge of various sexual activities ^{***}	10.11 (±3.19)	10.73 (±2.65)	10.45 (±2.92)
Knowledge of HIV / AIDS [@]	12.51 (±1.54)	2.69 (±1.48)	12.62 (±1.51)
Knowledge of RTIs/STIs and related issues ^{***}	5.90 (±1.95)	6.36 (±2.07)	6.15 (±2.03)
Knowledge of reproductive and sexual health issues–Total ^{@***}	34.17 (±4.7)	35.24 (±4.2)	34.77 (±4.47)

Note: @ = No. of respondents are 405, 511 and 916, respectively for non-migrants, migrants and the Total. Figures in parentheses indicate the standard deviations.

+ and *** = F-Ratio values between migrant and non-migrant mean scores are significant at 0.10 and 0.001 levels, respectively.

± 4.2) than among non-migrant workers (34.17; ± 4.7).

Mean scores of knowledge of various components of RSSH Indexes, such as reproduction and sexuality, type of sexual activities, HIV/AIDS and RTIs/STIs were also higher among migrant workers. The mean scores of knowledge of HIV/AIDS as well as types of sexual activities were comparatively higher in both the sub-groups of respondents. The knowledge scores with regard to the other two dimensions were comparatively lower. One-way ANOVA results show that while the mean scores of knowledge of various types of sexual activities and RTIs/STIs Indexes differed significantly across migrant status, the mean scores for the other two Indexes under consideration varied across their migrant status at a lesser extent of significance.

4.6.2 Differentials in respondents' knowledge of reproduction, sexuality and sexual health (Index) across their background characteristics

Table 4.6 shows that the average overall knowledge of RSSH increased with the respondents' current age, educational status, monthly income level, exposure to mass media, participation in activities that predisposed risk-related behaviour, interaction with peers in terms of number of boyfriends, girlfriends as well as number of peers who participated in activities that predisposed high risk. The mean score of total knowledge of RSSH was higher among respondents staying with peers in a room, engaged in supervisory and other white-collar work, who wanted a future permanent job and had ever thought of participating in any sexual activity.

The mean scores of total knowledge of RSSH was observed to be lower among respondents who worked for more than 11 hours a day, and were stated to be more religious as well as among those who felt that their parents too were more religious. The ANOVA results show that all the differentials in mean scores of overall knowledge of RSSH were highly significant across their background characteristics. Although the mean scores of knowledge were marginally higher with more frequent participation in leisure activities, the differences in mean scores did not turn out to be statistically significant either in the total sample or in the two sub-groups. The mean

scores appeared to be higher among migrants across each of the background characteristics. It is interesting to note that among non-migrants and migrants (Table 4.6) the mean scores of knowledge of RSSH varied significantly (at different levels of significance) across almost all the background characteristics under consideration.

4.6.3 Differentials in respondents' knowledge of reproduction and sexuality (Index) across their background characteristics

The results in Table 4.6 show that the respondents' mean score of knowledge about reproduction and sexuality followed the patterns observed for overall knowledge of RSSH across the background characteristics as well as their participation in leisure activities. This was in the opposite direction to the expected pattern in the case of perceived religiosity of the parents. The ANOVA results were highly significant across all the characteristics under consideration with the exception of future career options. More or less similar patterns (at different levels of significance) were noticed among non-migrants and migrants, more conspicuously among non-migrants, with the following exceptions: For non-migrants the mean score of knowledge of reproduction and sexuality did not vary much across their place of stay. An insignificant pattern in the scores was noticed across migrant workers' level of income, exposure to erotica, and participation in activities that predisposed risk-related behaviour.

4.6.4 Differentials in respondents' knowledge of type of sexual contact (Index) across their background characteristics

The data given in Table 4.6 highlight that the respondents' mean score of knowledge of type of sexual contact (Index) conform to the patterns noticed in the case of overall knowledge of RSSH across their background characteristics as well as their participation in leisure activities, except in the case of religiosity of the parents. The differences in mean scores were also highly significant (based on the ANOVA results) across all the characteristics under consideration, except across their future career

options. Similar patterns (at different levels of significance) were observed among non-migrants and migrants, more conspicuously among migrants, with the following exceptions: For non-migrants the mean scores of knowledge of reproduction and sexuality did not vary much across their level of education and place of stay. Such insignificant patterns in the scores were only noticed across migrant workers' future career options.

4.6.5 *Differentials in respondents' knowledge of HIV/AIDS and related issues (Index) across their background characteristics*

The mean scores of the respondents' knowledge of HIV/AIDS and related issues did not vary much across a majority of their background characteristics (Table 4.6), irrespective of their migrant status. However, in the total sample, the mean scores of the respondents' knowledge did vary to a significant extent (at different levels) across their educational status, perceived religiosity of parents and place of stay. The mean scores of knowledge of HIV/AIDS were comparatively low (and also significant at different levels). That is, it was opposite the expected direction, across their exposure to erotica, number of working hours per day, number of boyfriends and girlfriends and ever thought to participate in any sexual activity. The findings observed in the case of the total sample were not significant either in the case of non-migrant or migrant workers, except for the number of working hours per day, for which the mean scores varied significantly among both sub-groups.

4.6.6 *Differentials in respondents' knowledge of RTIs/STIs and related issues (Index) across their background characteristics*

Table 4.6 shows that the respondents' mean score of knowledge about RTIs/STIs followed the patterns of overall knowledge of RSSH across most of their background characteristics. A reverse pattern in the mean scores was evident across their level of religiosity, exposure to mass media, frequency of participation in leisure activities, number of working hours per day, future career options, number of boyfriends and girlfriends, and number of peers

participating in activities that predisposed risk-related behaviour. Both these patterns were highly significant, except in the case of the number of peers, where it was moderately significant. Similar patterns were noticed among non-migrants and migrants (at different levels of significance), with the following few exceptions: For non-migrants the mean score of knowledge did not vary much across place of stay, career options, and number of peers participating in activities that predisposed risk-related behaviour. Insignificant patterns in the scores were only noticed across the migrant workers' educational status.

4.7 **Determinants of knowledge of reproduction, sexuality, and sexual health**

Based on the theoretical importance and the level of significance of the explanatory (independent) variables on the mean scores of knowledge of various dimensions of reproductive and sexual health (dependent variables), a multiple regression analysis was carried out to identify the principal determinants of knowledge of reproductive and sexual health issues. The results are presented in Table 4.7 for each Index separately, and for migrant and non-migrant workers, separately. The dependent variables are the young men's level of knowledge as well as their overall knowledge of RSSH. These are continuous since they are measured in the form of Indexes by pooling the scores of related items. The explanatory variables are related to the young men's background characteristics, which are mostly continuous, except a few. Type of occupation, parents' religiosity, and future career options, and ever thought to participate in any sexual act are categorical (dummy type).

4.7.1 *Determinants of respondents' knowledge of reproduction and sexuality (Index)*

It is evident from Table 4.7 that the young workers' level of knowledge of reproduction and sexuality-related issues increased significantly ($p < 0.001$) with their current age and number of girlfriends. The number of hours spent working per day, followed by father's level of supervision of daily activities showed a significant negative effect on their level of knowledge. As expected, the level of

Table 4.6: Differentials in respondents' mean scores of knowledge of various components of reproduction, sexuality, and sexual health across their background characteristics and migrant status

Background characteristics of the respondents	Reproduction and sexuality (Index)			Types of sexual activities (Index)			HIV / AIDS (Index)			RTIs / STIs (Index)			RSSH (Index)		
	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8	Col.9	Col.10	Col.11	Col.12	Col.13	Col.14	Col.15	Col.16
Current age															
15-19	4.5	4.7	4.6	9.3	9.9	9.5	12.5	12.6	12.5	5.5	6.0	5.7	32.7	33.8	33.2
20-24	5.5***	5.5***	5.5***	10.9***	11.1***	11.0***	12.5	12.7	12.7	6.3***	6.5***	6.4***	35.5***	35.8***	35.7***
Educational status															
Up to primary school@	4.8	5.2	4.9	9.9	10.8	10.1	12.3	12.3	12.3	5.5	5.9	5.6	33.3	34.4	33.5
Middle school	4.9	4.8	4.8	10.1	10.2	10.2	12.5	12.6	12.6	6.2	6.4	6.3	34.4	34.3	34.4
High school and above	5.5*	5.6***	5.6***	10.7	11.2***	11.1***	12.9**	12.8	12.8***	6.1***	6.5	6.4***	35.2**	36.1***	35.9***
Monthly income (in Rs.)															
< 2000	4.7	4.9	4.8	9.0	10.1	9.6	12.3	12.9	12.6	5.2	5.8	5.5	32.4	34.1	33.3
2000 - 2999	5.0	5.3	5.1	10.4	11.01	10.7	12.7	12.7	12.7	5.9	6.2	6.1	34.4	35.4	34.9
3000 +	5.4*	5.3	5.4**	10.7***	0.8***	10.8***	12.3*	12.6	12.5	6.7***	6.9***	6.9***	35.2***	35.8***	35.6***
Religiosity (Index)															
Less religious	5.2	5.5	5.4	10.5	11.1	10.8	12.4	12.6	12.6	5.6	6.1	5.9	34.4	35.5	35.1
More religious	4.8*	4.7***	4.7***	9.6***	10.0***	9.8***	12.6	12.8	12.7+	6.3***	6.9***	6.6***	33.9	34.7**	34.3**
Religiosity of the parents															
Not so religious*	4.5	4.8	4.7	9.9	10.7	10.3	12.6	12.9	12.8	6.5	7.2	6.8	34.4	35.9	35.2
Very religious	5.4***	5.6***	5.5***	10.3	10.8	10.6	12.4	12.5***	12.5***	5.5***	5.8***	5.7***	34.0	34.8***	34.4**
Exposure to mass media (Index)															
Lower	4.5	4.7	4.6	9.4	10.2	9.8	12.2	12.8	12.5	5.9	6.9	6.4	32.8	35.3	34.0
Moderate	4.7	4.5	4.6	9.5	9.8	9.7	12.4	12.7	12.6	6.4	6.9	6.7	33.7	34.1	33.9
Higher	5.5***	5.8***	5.7***	10.9***	11.4***	11.2***	12.7**	12.7	12.7	5.6***	5.9***	5.8***	35.3***	35.9***	35.6***
Frequency of watching TV/movies/playing cards															
Less frequently	4.6	4.7	4.7	9.8	10.1	9.9	12.3	12.7	12.6	6.5	7.1	6.8	33.8	34.9	34.5
More frequently	5.1**	5.6***	5.4***	10.3+	11.1***	10.7***	12.6	12.7	12.6	5.6***	5.9***	5.7	34.4	35.5	34.9
Place of stay															
With family in a home	4.9	5.0	5.0	10.1	10.4	10.2	12.5	12.6	12.6	5.9	6.1	5.9	34.1	34.4	34.2
With peers in a room	5.1	5.4*	5.3**	10.1	11.1***	10.9**	12.6	12.7	12.7+	6.4	6.6**	6.6**	36.2	35.9**	35.9**

Note: NMW = Non-migrant workers; MW = Migrant workers. @ includes 11 respondents who were illiterate.

+, *, **, and *** = F-Values relating to mean scores of categories of the variables are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

Type of work Tailoring and related work Supervisory and white collar work	4.9 5.5	5.1 5.5	5.0 5.5	10.0 10.7	10.6 11.1	10.3 10.9	12.5 12.6	12.7 12.6	12.6 12.6	5.8 6.5	6.3 6.5	6.0 6.5	33.9 35.4	35.0 35.7	34.5 35.6
No. of working hours per day															
6 - 10	5.9 4.4	6.1 4.9	5.9 4.7	11.3 9.3	11.7 10.4	11.5 9.9	12.3 12.7	12.3 12.8	12.3 12.8	5.4 6.3	5.6 6.7	5.5 6.5	35.1 33.6	35.9 34.9	35.5 34.4
11 +															
Career options in near future															
Tailor and related work	4.9	5.2	5.1	10.0	10.6	10.3	12.5	12.7	12.6	5.9	6.3	6.1	34.0	34.9	34.5
Business / self-employed / any permanent job	5.1	5.4	5.3	10.7	11.0	10.9	12.6	12.8	12.7	6.4	6.7	6.6	35.2	35.9	35.8
Frequency of partn. in acti. That predispose risk- related behaviour (Index)															
Not participated	4.3	4.9	4.5	7.9	9.6	8.6	12.5	12.7	12.6	4.8	4.8	4.8	30.8	32.5	31.5
Participated at lower level	5.1	5.3	5.2	10.4	10.6	10.5	12.5	12.7	12.6	5.9	6.2	6.1	34.2	34.9	34.6
Participated at higher level	5.4	5.3	5.3	11.6	11.4	11.4	12.5	12.7	12.6	6.8	7.2	6.9	36.5	36.5	36.5
No. of friends - boys															
0 - 5	4.7	4.8	4.8	9.5	10.1	9.8	12.5	12.7	12.6	6.3	7.2	6.8	33.6	35.1	34.4
6 - 10	4.9	4.8	4.8	9.9	10.4	10.2	12.6	12.8	12.7	5.8	6.6	6.2	34.3	34.7	34.5
11 +	5.6	6.3	5.9	11.3	11.9	11.7	12.5	12.5	12.5	5.4	5.0	5.2	34.9	36.1	35.6
No. of friends - girls															
0	4.5	4.8	4.6	9.2	10.1	9.7	12.7	12.7	12.7	6.3	6.7	6.5	33.6	34.6	34.2
1 - 5	4.8	5.1	4.9	10.4	10.8	10.6	12.3	12.7	12.5	5.7	6.7	6.2	34.1	35.6	34.8
6 +	6.4	6.7	6.6	11.9	12.3	12.2	12.2	12.5	12.3	5.2	5.1	5.1	35.9	36.8	36.8
No. of peers part. in activities that predisposed high risk															
<= 4	4.7	5.0	4.9	9.3	10.3	9.8	12.5	12.7	12.6	5.8	6.7	6.3	33.1	35.1	34.2
5 - 9	5.1	5.0	5.0	10.7	10.8	10.8	12.6	12.7	12.7	6.1	6.3	6.2	35.0	35.0	35.0
10 +	5.5	5.8	5.7	10.6	11.3	11.0	12.4	12.7	12.6	5.8	5.9	5.9	34.8	35.8	35.4
Ever thought to participate in any sexual activity															
No	4.4	4.75	4.6	8.6	9.5	9.1	12.7	12.9	12.8	5.5	5.9	5.7	32.3	33.6	32.9
Yes	5.2	5.35	5.3	10.7	11.0	10.9	12.5	12.6	12.6	6.1	6.5	6.3	34.8	35.6	35.3

knowledge appeared to be positively associated with level of exposure to the mass media, ever thought to participate in any sexual act, and the number of peers who participated in acts that predisposed higher risk ($p < 0.05$). Contrary to expectation, such knowledge was significantly ($p < 0.001$) higher among young men who perceived their parents as highly religious and somewhat higher ($p < 0.05$) among those striving for better careers in future. Other variables used in the model mostly showed the expected direction of effects on levels of knowledge. Except participating in activities that predisposed risk-related behaviour, the magnitude of effects did not turn out to be significant.

Similar findings exist between migrant and non-migrant workers with the following few exceptions: The educational status of migrant workers showed a positive and moderately significant ($p < 0.05$) net effect on their level of knowledge. Exposure to mass media and future career options did not demonstrate significant effects. Among non-migrant workers, the influence of father's supervision of day-to-day activities, future career option, number of friends participating in activities that predisposed high risk, and ever thought to participate in any sexual activity did not show significant effects on levels of knowledge.

4.7.2 Determinants of respondents' knowledge of types of sexual activities (Index)

The results in Table 4.7 suggest that the young workers' knowledge of various sexual activities increased significantly ($p < 0.001$) with their current age, exposure to mass media, number of girlfriends, number of peers who participated in activities that predisposed risk-related behaviour and their level of participation in activities that predisposed risk-related behaviour, and to a lesser extent ($p < 0.10$) with their level of education. Such knowledge was significantly ($p < 0.001$) high among those who ever thought to participate in any sexual act and among those who had considered a change in career in the near future. Conversely, the respondent's knowledge of sexual activities decreased to a highly significant extent ($p < 0.001$) with the number of hours spent working

per day and to a less significant level ($p < 0.10$) with their father's level of supervision. The remaining variables used in the model mostly showed the expected direction of effects on respondents' level of knowledge, except type of work and monthly income, the net effects of which were not significant.

The net effects of most of the variables on knowledge about different types of sexual activities were observed with the following few exceptions (Table 4.7): Among migrant workers, the magnitude of effects of most of the variables was moderately significant and even reduced to non-significant in the case of number of peers participating in activities that predisposed risk-related behaviour. Among non-migrants, variables like educational status, father's level of supervision, career options in the near future and ever thought to participate in any sexual act did not show a significant net effect on their level of knowledge.

4.7.3 Determinants of respondents' knowledge of HIV/AIDS (Index)

The findings in Table 4.7 highlight that never-married workers' knowledge of HIV/AIDS significantly ($p < 0.001$) increased with their educational status and exposure to mass media ($p < 0.10$) and, contrary to expectation, with the number of hours spent working per day. Such knowledge decreased significantly ($p < 0.001$) with their parents' level of religiosity, father's level of supervision, and number of girlfriends, in addition to monthly family income ($p < 0.10$). The remaining variables used in the model mostly showed the expected direction of effects on the respondents' level of knowledge of HIV/AIDS, but the magnitude of effects did not turn out to be significant.

For migrant and non-migrant workers (Table 4.7), the following points are noteworthy in addition to the ones noted among the total sample: For migrant workers, the magnitude of effect of time spent in leisure activities demonstrated an independent effect, but to a lesser extent, on their knowledge about HIV/AIDS. For non-migrant workers, parents' religiosity lost its significant net effect on knowledge about HIV/AIDS, but exposure to mass media improved its magnitude to a moderate extent.

Table 4.7: Determinants of knowledge of various components of reproduction and sexual health (Beta coefficients based on Multiple Regression Analysis)

Background characteristics of the respondents	Reproduction and sexuality (Index)			Types of sexual activities (Index)			HIV / AIDS (Index)			RTIs / STIs (Index)			Total (Index)		
	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total	NMW	MW	Total
Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12	Col. 13	Col. 14	Col. 15	Col. 16
Current age	0.205***	0.132***	0.176***	0.125**	0.099*	0.121***	0.026	0.074	0.056	0.030	0.016	0.019	0.150***	0.133***	0.145***
Educational status	-0.019	0.101*	0.038	0.050	0.085*	0.062+	0.089	0.092+	0.101**	0.180***	0.090*	0.143***	0.118**	0.181***	0.155***
Type of work	0.018	0.059	0.040	-0.010	0.039	0.012	-0.013	-0.074	-0.052	-0.033	-0.065+	-0.048+	-0.018	-0.010	-0.015
Monthly income (in Rs.)	0.068	-0.010	0.028	0.020	-0.052	-0.014	-0.071	-0.050	-0.064+	0.092*	0.117***	0.104***	0.047	0.013	0.031
No. of hrs. working per day	-0.275***	-0.245***	-0.260***	-0.274***	-0.236***	-0.261***	0.091	0.128	0.105***	0.111**	0.115***	0.105***	-0.189***	-0.151***	-0.177***
Religiosity (Index)	-0.015	-0.007	-0.006	-0.055	-0.046	-0.041	0.005	0.019	0.024	0.140***	0.090**	0.113***	0.032	0.033	0.047
Religiosity of parents	0.118**	0.079*	0.099***	0.005	-0.065	-0.028	-0.056	-0.145***	-0.109***	-0.200***	-0.177***	-0.186***	-0.066	-0.174***	-0.120***
Father's supervision and monitoring	-0.052	-0.093**	-0.074**	-0.027	-0.066+	-0.046+	-0.178***	-0.154***	-0.162***	-0.041	0.007	-0.014	-0.119**	-0.136***	-0.126***
Exp. to mass media (Index)	0.112**	0.047	0.081**	0.165***	0.098*	0.140***	0.159*	-0.017	0.072+	-0.071	-0.036	-0.043	0.169***	0.041	0.115***
Freq. of part. in watching TV/movies/playing cards	0.022	0.044	0.029	-0.052	0.036	-0.014	0.053	0.096+	0.055	-0.179***	-0.123**	-0.152***	-0.092*	0.007	-0.054
Career options in near future	0.020	0.082	0.059*	0.038	0.061	0.050+	0.002	0.057	0.034	0.031	0.052	0.045	0.052	0.131***	0.097***
No. of friends—girls	0.218***	0.298***	0.262***	0.201***	0.230***	0.210***	-0.111*	-0.090+	-0.097**	-0.084+	-0.215***	-0.164***	0.145***	0.174***	0.158***
No. of peers partn. in acts. that predisposed high risk	0.060	0.070+	0.064*	0.070+	0.065	0.075**	0.047	0.036	0.048	0.019	-0.092**	-0.040	0.091*	0.017	0.058*
Partn. in act. that predisposed risk-related behaviour (Index)	0.037	-0.042	-0.003	0.315***	0.136*	0.221***	-0.035	-0.061	-0.044	0.349***	0.370***	0.365***	0.338***	0.218***	0.276***
Ever thought to participate in any sexual activities	0.050	0.105**	0.085**	0.070	0.161***	0.126***	-0.010	-0.066	-0.040	0.004	0.034	0.021	0.056	0.141***	0.108***
Migrant status	—	—	-0.001	—	—	0.012	—	—	0.020	—	—	-0.034	—	—	-0.023
R ²	31.5	31.4	30.7	38.7	26.9	32.5	12.5	10.9	10.7	34.2	40.9	37.5	36.0	28.1	31.7
N	419	492	912	419	492	912	379	463	843	419	492	912	379	463	843

Note: NMW = Non-migrant workers; MW = Migrant workers; +, *, **, and *** = t-values are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

4.7.4 *Determinants of respondents' knowledge of RTIs/STIs (Index)*

It is evident from Table 4.7 that the young workers' knowledge of RTIs/STIs (Index) increased significantly ($p < 0.001$) with their level of education, monthly income, number of working hours per day, and their level of participation in activities that predisposed risk-related behaviour, in addition to their level of religiosity, which was contrary to expectation. Conversely, their knowledge of RTIs/STIs decreased with the number of girlfriends and the time they spent in leisure activities. This was also somewhat high and significant ($p < 0.10$) among men working in the clerical/supervisor cadre, which was also contrary to the expectation. Age did not exhibit a significant net effect in addition to other remaining variables (and in spite of their expected pattern of effects), on their knowledge.

Most of the variables which show significant net effects also demonstrated such effects between migrant and non-migrant workers with the following few exceptions: Among migrant workers, the magnitude of effect of level of education was moderately significant, but the independent effect of number of peers participating in activities that predisposed risk-related behaviour showed a highly significant effect. Among non-migrant workers, the type of work did not exhibit a significant net effect, as did the magnitude of regression coefficients of monthly income and number of girlfriends on their knowledge about RTIs/STIs.

4.7.5 *Determinants of respondents' overall knowledge of reproduction, sexuality and sexual health (Index)*

Multivariate results of the workers' overall knowledge of RSSH show that (Table 4.7) current age, level of education, exposure to mass media, number of girlfriends, number of peers who have participated in activities that predisposed risk, and their level of participation in activities that predisposed risk-related behaviour turn out to be the principal and highly significant ($p < 0.001$) determinants in a positive direction. Overall knowledge of RSSH was significantly ($p < 0.001$) higher among those who had better career options in the near future and among those who ever thought of participating in any sexual activity. Conversely,

overall knowledge of RSSH was significantly ($p < 0.001$) associated in the negative direction with the number of hours they worked per day, parents' religiosity, and father's level of supervision of day-to-day activities. Other variables used in the model though mostly showed the expected direction of effects on overall knowledge of RSSH. Except for their level of religiosity, where the magnitude of effects were not significant.

When overall knowledge of RSSH between migrant and non-migrant workers was separately analysed (Table 4.7), the results were almost analogous to those observed in the case of total young workers, with the following few exceptions: Among migrant workers, exposure to mass media and number of peers participating in activities that predisposed higher risk did not have a significant effect on their overall knowledge. For non-migrant workers, it was parents' religiosity, better career options in future, and ever thought of participating in any sexual activity. Among non-migrant workers, the time spent in leisure activities demonstrated a moderate ($p < 0.05$) negative independent effect on overall knowledge of RSSH.

The respondents' mean scores of knowledge of RSSH varied significantly (at different levels) across their migrant status, controlling for a host of other background characteristics. But it did not show either a consistent influence or significant net effects on their levels of knowledge.

4.8 **Summary**

The overall mean score of knowledge of reproduction, sexuality and sexual health (RSSH) of the respondents was fairly high. But marginal differentials existed in the levels of knowledge about different dimensions of RSSH. The mean scores of respondents' knowledge about reproduction and sexuality, and RTIs/STIs and relates issues were just above average and moderately higher. The knowledge scores with regard to various sexual activities and HIV/AIDS and related issues were much higher. Migrant workers had more (F-values are highly significant) knowledge of RSSH, sexual activities, RTIs/STIs and related issues as well as to some extent of reproduction and sexuality, and HIV/AIDS.

The differentials in the mean scores of overall knowledge about RSSH showed an increasing

trend with an increase in the respondents' current age, educational status, monthly income level, exposure to mass media, participation in activities that predisposed risk-related behaviour and interaction with peers. The mean scores of knowledge about various dimensions of RSSH was higher among those residing in a rented room, engaged in supervisory / other white collar work, who wanted to take up a permanent job in future, and had ever thought of participating in any sexual activity. The mean scores of such knowledge were lower among respondents stated to be more religious, whose parents were perceived to be more religious and who worked for more than 11 hours per day. With a few exceptions most of these differentials were intact for migrant and non-migrant workers.

Multiple regression analysis results showed that the overall levels of knowledge of RSSH and its

dimensions significantly (at different levels) increased with the number of girlfriends (decreased in the case of HIV/AIDS and RTIs/STIs and related issues), current age (not significant for HIV/AIDS and RTIs/STIs and related issues), exposure to mass media (decreased for RTIs/STIs and related issues, but insignificantly) and to a certain extent with their level of education. Such levels of knowledge were significantly (at different levels) lower when they worked for more than 11 hours per day (except in the case of HIV/AIDS), when their parents were perceived as more religious (except in the case of reproduction and sexuality, where it was higher and even significant), and decreased with fathers' level of supervision (increased for RTIs/STIs and related issues, but insignificantly). In a majority of cases the magnitude of net effects of the explanatory variables was noted to be higher among non-migrant workers than their migrant counterparts.

Chapter 5

Attitudes and misconceptions about sexuality: a gender perspective

5.1 Introduction

Attitudes and misconceptions about sex, sexuality, and related issues and how these are related to socio-economic and demographic characteristics of the respondents, are significant in research on high-risk sexual behaviour. In general, permissive attitudes towards sex and related misconceptions may increase sexual behaviour and particularly risk-related sexual behaviour. A number of researchers note gender differentials in attitudes about sexuality that are generally favourable to men and unfavourable to women. An attempt has been made in the present research to determine the gendered patterns in attitudes. An understanding of young men's beliefs towards sex in terms of gender would help while formulating programmes.

5.2 Attitudes and misconceptions about sexuality

5.2.1 Patterns in Attitudes

Ten statements related to sexuality and premarital sex, for both boys and girls, were posed to the young men. Responses ranged from "disagree" to "neutral" to "agree." Scores were assigned for the progressive level of the responses and respondents were then categorised into two groups: conservative and progressive (for scores see Annexure 3). A comparison of these two groups of respondents by their migrant status indicated if migration played a role in attitudes about sexuality. A comparison of attitudes towards boys and girls indicated gender-differentiated standards.

Details of progressive or conservative levels of thinking are provided in Table 5.1. On the whole, most respondents had progressive attitudes. However, there were major differences in attitudes across migrant status and also in terms of gender. A greater proportion of the respondents, irrespective of their migrant status, expressed a positive attitude to the statement, "boys can talk about sex openly," but only half of them supported such a view for girls. A large percentage of respondents (slightly higher

among non-migrants where the χ^2 -results were moderately significant) agreed that society would look down upon boys who went out with many girls as well as girls who went out with many boys.

A high percentage of the respondents, irrespective of migrant status, believed that "boys mostly force girls to have sexual contact." Only two-fifths said, "girls mostly force boys to have sexual contact." A large percentage of the respondents agreed, "boys as well as girls have to be taught about sex before marriage." The percentage was a little higher among migrants and statistically significant at a lower level only in the case of girls. About one-thirds and one-fifth of the respondents said that boys and girls "should have experience in sex at least once before marriage." This percentage was higher among migrants and the χ^2 -results were highly significant. A greater percentage, irrespective of migrant status, said that both "boys and girls should feel free to initiate sexual activity" (the percentage was a little higher for girls), a very small percentage agreed that both "boys/girls can have multiple sex partners." The percentage was significantly higher for boys among non-migrants.

As many as 89 per cent, irrespective of migrant status, agreed "parents will be very strict with girls involved in premarital sex." About 61 per cent (the percentage was a little higher among non-migrant workers and statistically somewhat significant) said, "Parents will be a little lenient with boys involved in pre-martial sex." A point to be noted here is that about two-fifths of the respondents, irrespective of migrant status, agreed "it is right for boys as well as girls to masturbate." A large percentage agreed that "boys can wear what they like, so as to expose their body," but the percentage that favoured this choice for girls was lower. In both cases, migrant workers were more liberal than their non-migrant counterparts. The differentials were moderately and somewhat significant for boys and girls, respectively.

5.2.2 Gender differentials in attitudes about sexuality

The data in Table 5.1 indicate differences in the attitudes of the respondents in terms of gender. These differences have been measured by comparing

the respondents' attitudes separately for each item for boys and girls and examined with the χ^2 -test. Gender differentials were clear in the respondents' progressive or conservative attitudes. Such differentials appeared to be slightly higher among

Table 5.1: Percentage distribution of respondents by their attitudes towards sexuality across their migrant status

Statements related to attitudes about sexuality	NMW		MW		Total	
	A	DA	A	DA	A	DA
Boys can wear what they like, so as to expose their body*	65.7	34.3	71.8	28.2	69.0	31.0
Girls can wear what they like, so as to expose their body+	40.0	60.0	45.7	54.3	43.1	56.9
	***		***		***	
Parents will be a little lenient with boys involved in pre-marital sex+	64.2	35.8	58.4	41.6	61.0	39.0
Parents will be very strict with girls involved in premarital sex	87.8	12.2	89.9	10.1	88.9	11.1
	***		***		***	
Boys should have experience in sex at least once before marriage***	25.7	74.3	39.6	60.4	33.3	66.7
Girls should have experience in sex at least once before marriage***	16.4	83.6	25.2	74.8	21.2	78.8
	***		***		***	
Only boys should feel free to initiate sexual activity	70.6	29.4	68.0	32.0	69.1	30.9
Girls also should feel free to initiate sexual activity	76.5	23.5	77.3	22.7	77.0	23.0
	***		***		***	
Boys can have multiple sex partners***	5.1	94.9	10.5	89.5	8.0	92.0
Girls can have multiple sex partners	2.4	97.6	3.5	96.5	3.0	97.0
	***		***		***	
Society will look down upon boys who go out with many girls	91.4	8.6	90.1	9.9	90.7	9.3
Society will look down upon girls who go out with many boys	92.7	7.3	91.7	8.3	92.2	7.8
It is right for boys to masturbate	36.7	63.3	38.5	61.5	37.7	62.3
It is right for girls to masturbate	38.9	61.1	40.0	60.0	39.5	60.5
Boys can openly talk about sex	97.3	2.7	98.7	1.3	98.1	1.9
Girls can openly talk about sex	54.2	45.8	52.5	47.5	53.3	46.7
	***		***		***	
Boys have to be taught about sex before marriage	64.2	35.8	69.1	30.9	66.8	33.2
Girls have to be taught about sex before marriage+	59.5	40.5	64.6	35.4	62.3	37.7
Boys mostly force girls to have sexual contact	78.8	21.2	80.8	19.2	79.9	20.1
Girls mostly force boys to have sexual contact	38.3	61.7	41.8	58.2	40.2	59.8
	***		***		***	

Note: NMW = Non-migrant workers; MW = Migrant workers; A = Agree with the statement; DA = Disagree with the statement.

+, *, **, and *** = Chi-square results for each item between the migrant and non-migrant workers (cited at the end of each item) and for each set of items for boys and girls across migrants, non-migrants and total workers (cited in the columns) are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

migrants. In the total sample, the percentages of respondents who agreed, "boys can wear what they like," "parents are a little lenient boys involved in pre-marital sex," "boys can openly talk about sex," and "boys mostly force girls to have sexual contact," were higher as against similar views about girls.

The differentials in percentages were highly significant. Differentials were also noticed to some extent in the case of four more assertions (items 3,4,5,9 in the table). The magnitude of χ^2 -values for these were comparatively less, but found to be statistically highly significant. In the case of items 6 and 7 in the table such differentials were negligible. Similar significant gender differentials in the respondents' attitudes were observed among migrants as well as non-migrant workers; the differentials were a little more among migrants than non-migrants.

5.2.3 *Patterns of misconceptions about sexuality*

The young workers were asked to respond to nine selected misconceptions related the sexuality of boys and girls. Responses ranged from "disagree," to "neutral," to "agree." Responses were assigned scores based on the level of accurate knowledge and pooled for each respondent. Responses were then categorised into two groups of accurate knowledge and misconceptions (for scores see Annexure 3). A comparison of the two groups of respondents by their migrant status indicated if migration impacts knowledge about sexuality. A comparison of responses about boys and girls indicated the respondents' gendered standards about sexuality.

The recoded responses in terms of their correct or incorrect knowledge about selected misconceptions are given in Table 5.2. An overwhelming or greater proportion of the respondents, irrespective of their migrant status, had accurate knowledge about such statements as "Sex with partners of different as well as the same sex spreads STIs," "Only men ejaculate," "Too much sex would lead to physical weakness among men," "Only men really enjoy sex and get pleasure," "Women have more sexual urges," "Females are sexually more powerful (than males)," and "Men are responsible for transmitting STIs/HIV."

Conversely, a greater percentage of the respondents, irrespective of migrant status (except in one case) had misconceptions like, "Women are responsible for transmitting STIs/HIV," and "Women also ejaculate like men." From 50 to 68 per cent, irrespective of migrant status, disagreed that "Males are sexually more powerful (than females)," and "Women do not really enjoy sex and get pleasure," "Boys who have good physique will be able to perform sex well with their partners," "Girls with a good physique will be sexually very active with their partners," "Too much sex leads to physical weakness among women," "Men with a bigger penis sexually satisfy women in a better way," "Women with bigger breasts sexually satisfy men in a better way," and "Men have more sexual urges."

The data in Table 5.2 highlight the gender differentials in the respondents' knowledge. The data was computed with the χ^2 -test by comparing the percentage of respondents who had accurate or inaccurate knowledge about the selected misconceptions, for both boys and girls. Migrants had slightly higher levels of accurate knowledge. An examination of the data in the total sample showed that the percentages of respondents with accurate knowledge about all but one misconception were comparatively higher. The differentials in percentages were highly significant. Similar significant gender differentials in knowledge about misconceptions were seen between migrant and non-migrant workers.

5.3 *Differentials in respondents' attitudes (Index) and misconceptions (Index)*

A single composite Index in each case was prepared by pooling the respective scores allotted to each item related to attitudes and misconceptions. Details of the construction of these Indexes are described in Annexure 3. This section discusses the differentials in these two Indexes across the respondents' background characteristics including interaction with peers, participation in activities that predisposed risk-related behaviour, and parents' socio-economic background.

The mean scores of each of these Indexes were calculated and the differentials were tested with

the help of one-way ANOVA. All these analyses were done for the total sample as well as for non-migrant and migrant workers, separately. A higher level of Index (score) in the case of attitudes indicated more liberal respondents. A higher level of Index (score) in the case of misconceptions indicated that the respondents had the accurate knowledge.

5.3.1 Differentials in liberal attitudes (Index) and correct knowledge by migrant status

Table 4 in Annexure 2 highlights that the overall mean score of liberal attitudes did vary much across non-migrant and migrant workers (11.98 and 11.78, respectively). That is, non-migrant workers

Table 5.2: Percentage distribution by misconceptions across their migrant status

Misconceptions related to sexuality and related issues	NMW		MW		Total	
	Accu- rate knowl.	Myth	Accu- rate knowl.	Myth	Accu- rate knowl.	Myth
Males are sexually more powerful (than females)	60.4	39.6	55.4	44.6	57.7	42.3
Females are sexually more powerful (than males)	79.4	20.6	80.5	19.5	80.0	20.0
	***		***		***	
Women do not really enjoy sex or get pleasure	70.8	29.2	66.3	33.7	68.3	31.7
Only men really enjoy sex and get pleasure	84.7	15.3	88.0	12.0	86.5	13.5
	***		***		***	
Girls who have a good physique will be sexually very active with their partners	49.1	50.9	50.6	49.4	49.9	50.1
Boys who have a good physique will be able to perform sex well with their partners*	54.2	45.8	60.8	39.2	57.8	42.2
	***		***			
Too much sex leads to physical weakness among men	91.4	8.6	89.5	10.5	90.4	9.6
Too much sex leads to physical weakness among women*	63.9	36.1	56.9	43.1	60.1	39.9
	***		***		***	
Man with a bigger penis sexually satisfy woman in a better way+	62.4	37.6	56.5	43.5	59.2	40.8
Women with bigger breasts sexually satisfy man in a better way	63.1	36.9	57.5	42.5	60.0	40.0
Women are responsible for transmitting STIs/HIV	15.7	84.3	15.7	84.3	15.7	84.3
Men are responsible for transmitting STIs/HIV***	79.9	20.1	73.1	26.9	76.2	23.8
	***		***		***	
Sexual intercourse with partners of the same sex would spread STIs	84.7	15.3	79.6	20.4	81.9	18.1
Sexual intercourse with partners of the opposite sex would spread STIs	97.3	2.7	98.7	1.3	98.1	1.9
	***		***		***	
Women have more sexual urges+	80.3	19.7	84.5	15.5	82.6	17.4
Men have more sexual urges**	50.4	49.6	58.4	41.6	54.8	45.2
	***		***		***	
Only men ejaculate	94.2	5.8	95.8	4.2	95.1	4.9
Women also ejaculate like men	17.5	82.5	19.5	80.5	18.6	81.4
	***		***		***	

Note: Knowl. = knowledge. +, *, **, and *** = Chi-square results for each item between migrant and non-migrant workers (cited at the end of each item) and for each set of items for boys and girls across migrants, non-migrants and total workers (cited in the columns) are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

expressed somewhat more positive attitudes than their migrant counterparts. On the other hand, the mean score of accurate knowledge of misconceptions was comparatively higher among migrant workers (8.86; SD \pm 2.13) than among non-migrant workers (8.47; SD \pm 2.29). One-way ANOVA results showed that the mean scores of accurate knowledge varied significantly ($p < 0.001$) across migrant status. It can be inferred that migrant workers had more accurate knowledge about sex-related issues than their non-migrant counterparts.

5.3.2 *Differentials in mean scores by respondents' background characteristics and across migrant status*

The mean scores of respondents' attitudes with their F-value are provided in Table 5 in Annexure 2 for total as well as for migrant and non-migrant workers separately. By and large, the mean scores of respondents' attitudes (Index) varied significantly across individual characteristics. Such differentials were more striking among non-migrants. Among the total respondents, the mean score was significantly higher when they are a little older, better educated, belonged to higher income brackets, worked for longer than the stipulated hours, and have a bigger number of boyfriends and girlfriends than their counterparts. The scores were also significantly higher, at different levels, when the respondents' and their parents were more religious, their level of exposure to mass media was moderate to higher, they had worked for four or more years, and participation in activities that predisposed risk-related behaviour was at a lower to higher level than their counterparts.

The mean scores did not vary much across the other variables under consideration. Similar significant differentials, at different levels of significance, in average scores were noticed among non-migrants and migrants, more conspicuously among non-migrants with the following few exceptions: For non-migrants (Table 5, Annexure 2) the mean score did not vary much by their own as well as their parents' level of religiosity, but the mean score was comparatively higher when they had worked for four or more years and when they felt that their father as well as mother supervised their day-to-day activities to a lenient extent. Among

migrants, there were little but insignificant differentials in mean scores across their monthly income brackets, level of religiosity, level of participation in activities that predisposed risk-related behaviour and number of girlfriends.

5.3.3 *Differentials in mean scores (Index) by respondents' background characteristics and across migrant status*

The respondents' views in terms of mean scores with their F-value are presented in Table 5 in Annexure 2 for the total as well as for migrant and non-migrant workers separately. On the whole, the mean scores varied significantly across individual characteristics. Such differentials were somewhat conspicuous among migrant workers. Results pertaining to total workers showed that the mean score was significantly higher for accurate knowledge when they were a little older, better educated, belonged to higher income brackets, were exposed to erotic material, stayed in rooms with peers, had worked for over four years, worked more than 11 hours per day, planned to switch to a better career in future, and participated in activities that predisposed risk-related behaviour.

The score of accurate knowledge was significantly higher, at moderate or lower levels, for respondents whose parents were perceived to be very religious, who were exposed to mass media at a moderate or lower level, and who had a large number of peers participating in activities that predisposed high risk. The mean score was significantly lower, to a lesser extent, among respondents who spent more time viewing television or films and playing cards, and who had been strictly supervised by their mother. The mean scores (Index) of misconceptions did not vary much across the other variables.

Similar significant differentials, at different levels of significance, in the average scores of the misconceptions Index were observed among migrants and non-migrants, more visibly in the former group, with the following few exceptions: For non-migrants (Table 5, Annexure 2) the mean score for misconceptions was comparatively higher and less significant if the respondents were more religious. The score did not differ statistically, though significant at different levels in the case of total sample, in the case of the respondents' parents' level

of religiosity, exposure to mass media, watching television or films and playing cards, place of stay, career options in near future, number of peers who participated in activities that predisposed higher risk and monitoring of day-to-day activities by father. For migrant workers the mean scores for misconceptions did not vary much across their parents' religiosity, exposure to mass media, career options in near future, number of peers who participated in activities that predisposed higher risk, and mother's supervision.

5.4 Determinants of respondents' attitudes (Index) and misconceptions (Index)

In the earlier section, the gross differentials in the respondents' overall attitudes and misconceptions were examined with a cross-tabular analysis. Such analysis has its limitations. Multiple regression analysis was adopted to understand the magnitude of each explanatory variable on overall attitudes, controlling for other variables. Variables included were based on the theoretical importance and level of significance of the explanatory (independent) variables. The results are presented in Table 6 in Annexure 2 for each Index separately, and for migrants, non-migrants and total workers, separately.

In the present context, the dependent variables are the respondents' attitudes, which are continuous because they are measured in the form of Indexes by pooling scores of related items. The explanatory variables are related to background characteristics, which are also mostly continuous in nature, except a few, like type of occupation, parents' religiosity, place of stay, working hours and career options, which are dichotomous or dummy variables.

5.4.1 Determinants of respondents' overall attitudes

The results in Table 6 in Annexure 2 highlight that the respondents' level of attitudes significantly ($p < 0.001$ or $p < 0.01$) increased (more liberal) with their current age, education, and number of peers participating in activities that predisposed higher risk. The results were also higher ($p < 0.001$) for those whose parents were more religious and for those who worked 11 or more hours. Noticeably,

while the score of liberal attitudes decreased significantly ($p < 0.001$) with an increase in the number of boyfriends, unexpectedly, the score was somewhat ($p < 0.05$) lower among respondents working in the "supervisory / clerical cadre" than as "tailor and related work." Most of the other variables mostly showed the expected direction of effects on overall level of attitudes. Except overall knowledge of reproductive and sexual health, the magnitude of effects of these variables was not significant.

Similar findings existed among non-migrant and migrant workers with the following few exceptions: The monthly income of the respondents exerted a highly significant ($p < 0.01$) positive net effect on their level of positive attitudes. The level of participation in activities that predisposed risk-related behaviour exhibited a negative net effect on such attitudes. Non-migrant workers who expressed plans for a career change also expressed significantly ($p < 0.05$) less liberal attitudes than those who did not have such an expectation. The independent effects of type of occupation and number of working hours on their level of liberal attitudes were insignificant. As compared to the total number of workers, in the case of migrant workers, level of education and number of working hours were insignificant explanatory variables.

5.4.2 Determinants of respondents' accurate knowledge

The information in Table 6 in Annexure 2 shows that the young men's level of accurate knowledge increased significantly, at different levels, with their current age ($p < 0.001$), participation in activities that predisposed risk-related behaviour ($p < 0.001$), number of peers participating in activities that predisposed high risk ($p < 0.10$) and the Index of attitudes ($p < 0.10$). The level decreased to a smaller extent ($p < 0.10$) with number of boyfriends. The Index was also higher among those whose parents were very religious ($p < 0.001$) and who worked for more than 11 hours per day ($p < 0.05$). The other variables demonstrated neither a consistent nor significant net effects on the Index.

Comparable findings emerged among non-migrant and migrant workers with the following few exceptions: The magnitude of net effects of current age, parents' religiosity, and participation in activities

that predisposed risk-related behaviour on level of accurate knowledge was moderate ($p < 0.05$). Level of education, number of working hours, number of boyfriends and Index of attitudes exerted insignificant clear effects. For migrant workers, level of education showed a highly significant ($p < 0.001$) positive effect on their level of accurate knowledge. The net effect of the Index on the level of positive attitudes Index was insignificant.

The mean score of positive attitudes did not vary much across migrant status, controlling for a host of background characteristics. But the migrant status exhibited a negative and highly significant effect on liberal attitudes. Although the mean score of accurate knowledge differed across migrant status to a highly significant level, the net effect of migrant status of the respondents on the score was negative, and the magnitude was insignificant.

5.5 Gender-specific attitudes about sex and sexuality

One major aim of this study was to understand if there exist any gender-specific attitudes

about sex and sexuality. Earlier research shows that young men as well as young women accept and even justify sexual double standards. Men, for example, are widely perceived as needing sex and a variety of partners. Women are not thought of as having such needs [30]. In view of this, in the previous sections, the young factory workers' attitudes and misconceptions related to boys and girls were compared. They showed wide gender differentials. However, theoretically, it would be better to compare these responses by constructing a single variable for each of the attitudes as well as misconceptions, and then examine the differentials. Such an analysis would give a clearer idea about whether boys and girls were expected to have different premarital and sexual experiences. Keeping this in mind, in the present section examines gender-specific attitudes and misconceptions. It subsequently examines the differentials and determinants. For this purpose, scores assigned for boys and girls on each of the statements have been combined into two single variables, which have then been categorised into four types (see Table 5.6).

Table 5.3: Percentage distribution of respondents' gender-specific attitudes about sex and sexuality

Statements related to gender-specific attitudes about sex and sexuality	Conservative for both boys and girls	Conservative for boys and liberal for girls	Liberal for boys and conservative for girls	Liberal for both boys and girls
Boys / girls can openly talk about sex	1.0	0.9	45.7	52.4
Mostly boys / girls force girls / boys to have sexual contact	14.3	5.8	45.5	34.4
Parents will be little lenient / strict towards boys / girls involved in premarital sex	60.0	1.0	28.9	10.1
Boys / girls can wear what they like, so as to expose their body	41.2	1.9	27.8	29.0
Boys / girls should experience sex at least once before marriage	20.8	0.4	12.5	66.3
Only boys / girls should feel free to initiate sexual activity	48.2	20.9	28.7	2.1
Boys / girls can have multiple sex partners	91.9	0.1	5.1	2.9
It is right for boys / girls to masturbate	57.4	3.1	4.9	34.6
Boys/girls have to be taught about sex before marriage	33.0	0.2	4.7	62.1
Society will look down upon boys / girls who go out with many girls / boys	7.3	0.5	2.0	90.2

5.5.1 *Patterns in gender-specific standards about sex and sexuality*

The results in Table 5.3 highlight that a majority of the workers were either conservative or liberal in their attitudes for both boys and girls. That is, there were no gender-specific standards. For five statements related to wearing clothes that expose, parental control over boys or girls involved in premarital sex, experience of sex at least once before marriage, initiation of and force used for sexual contact, and talking openly about sex, the percentage of men with liberal attitudes for boys but conservative attitudes for girls was higher than the other four statements. The percentage of respondents who expressed conservative attitudes for boys and liberal attitudes for girls was less (except in one case). Here clear gender-specific standards exist.

For the statement, "Only boys or only girls should feel free to initiate sexual activity," a majority

expressed gender-specific standards, more or less equally for boys as against girls, and for girls as against for boys.

A similar analysis for responses about accurate knowledge and misconceptions is given in Table 5.4. For five misconceptions, about ejaculation, transmission of STIs/HIV, sexual urges, excessive sex leading to physical weakness among men/women, and enjoyment and pleasure derived from sex, the respondents had the accurate knowledge for men, but had misconceptions about women. That is, clear gender-specific standards were evident. The percentage of respondents with misconceptions about men and accurate knowledge for women was much less.

These results show that the young men were socialised to express clear gender-specific standards in at least five items in each broad topic. Therefore, for subsequent analyses on this issue, only those five

Table 5.4: Percentage distribution of gender-specific misconceptions about sex and sexuality

Gender-specific standards in misconceptions about sex and sexuality	Misconceptions for both males and females	Misconceptions for males; accurate knowledge for females	Accurate knowledge for males; misconceptions for females	Accurate knowledge for both males and females
Only men / women-ejaculate	4.5	0.4	76.9	18.2
Women/ men are responsible for transmitting STIs/HIV	12.6	3.1	63.6	20.7
Women / men have more sexual urges	7.8	9.5	37.4	45.2
Excessive sex causes physical weakness among men/women	6.7	2.9	33.2	57.2
Women/ men do /do not really enjoy sex or get pleasure from sex	8.5	4.9	23.1	63.4
Men /women are sexually more powerful (than women/ men)	1.1	41.2	18.9	38.8
Girls / boys who have a good physique will be sexually active with their partners	45.1	4.8	12.7	37.4
Men/ women with a bigger penis/ bigger breasts satisfy women/men sexually in a better way	36.5	4.3	3.5	55.7
Sexual intercourse with partners of same / different sex would spread STIs	0.7	17.4	1.2	80.7

items were considered. Based on the responses to these items, a single variable was constructed as an Index of gender-specific attitudes and misconceptions about sex and sexuality. For this purpose, responses related to either conservative or liberal attitudes for both boys and girls were kept as one group. A score of '0' was given to them, treating them as exhibiting no gender-specific standards. Responses related to liberal attitudes for boys and conservative attitudes for girls were considered as another group and a score of 1 was assigned to them, treating them as gender-specific standards. Responses related to conservative attitudes for boys and liberal attitudes for girls were also treated as gender-specific. Responses related to five misconceptions were similarly categorised. The scores were pooled together for each respondent to get an Index of gender-specific standards about sexuality, premarital sex and misconceptions (also see Annexure 3).

5.6 Differentials in Indexes of gender-specific attitudes and misconceptions about sex and sexuality

This section presents the differentials in terms of Indexes in gender-specific attitudes as well as misconceptions, across the respondents' background characteristics including interaction with peers, participation in activities that predisposed risk-related behaviour, and parents' socio-economic background characteristics. Mean scores of each of these Indexes were calculated and the differentials in these mean scores were tested with one-way ANOVA. All the analyses were done for the total sample as well as for non-migrant and migrant workers, separately. Here, it is to be interpreted that the higher the level of the score (Indexes) of the respondents, the higher the gender-specific standards as well as the reverse.

5.6.1 Differentials in respondents' gender-specific attitudes (Index) and misconceptions (Index) about sex and sexuality by migrant status

The information in Table 7 in Annexure 2 highlights that the mean score of gender-specific standards was higher and somewhat significant

($p < 0.10$) among migrant workers (1.76; SD \pm 1.05) than their non-migrant counterparts (1.64; SD \pm 1.04). That is, migrant workers expressed more gender-specific standards. The mean score of gender-specific misconceptions about selected sexual issues did not vary much across migrants and non-migrants. ANOVA results were therefore also insignificant.

5.6.2 Differentials in mean scores of respondents' gender-specific attitudes about sex and sexuality (Index) by their background characteristics and across migrant status

Table 8 in Annexure 2 suggests that, on the whole, the mean scores of respondents' gender-specific attitudes about sex and sexuality (Index) varied significantly across a majority of their individual characteristics. Such differentials were more striking among migrants. The details highlight that among the total respondents the mean score was significantly higher in expressing gender-specific standards when the respondents belonged to higher income brackets, were exposed to erotic material, worked for 11 hours or more, participated in activities that predisposed risk-related behaviour and were strictly supervised by parents. The score was also higher, but significant at a moderate and lesser extent, respectively, among respondents and also parents who were more religious. Conversely, the mean scores decreased with the respondents' level of exposure to mass media, number of boyfriends and girlfriends, and level of knowledge of reproductive and sexual health. Scores were also significantly lower among respondents who spent more time in leisure activities such as watching television or films and playing cards. The mean scores of the gender-specific standards did not vary much across the other variables.

Similar significant differentials, at different levels of significance, appeared in the average scores of attitudes among non-migrants and migrants; more conspicuously among migrants in a majority of the cases, with the following few exceptions: For non-migrants (Col. 2, Table 8, Annexure 2) the mean score of gender-specific attitudes did not vary much by the respondents' level of religiosity, level of erotic exposure, place of stay and parental supervision.

Among migrants, the mean score of gender-specific differentials in attitudes did not differ much across their parents' level of religiosity and their own place of stay.

5.6.3 *Differentials in mean scores of respondents' gender-specific misconceptions (Index) about sex and sexuality by their background characteristics and across migrant status*

The data in Table 8, Annexure 2 highlight that overall the mean scores of the respondents' gender-specific misconceptions (Index) about sex and sexuality varied significantly across a majority of their individual characteristics. Such differentials were comparatively prominent among migrants. Among the total number of respondents, the mean score was significantly higher in expressing gender-specific standards (accurate knowledge for men, misconceptions for women) when they were more religious, exposed to erotic material and participated in activities that predispose risk-related behaviour. The score was also higher, but to a lesser extent, among those respondents who were a little older. Conversely, the mean scores decreased significantly with an increase in the respondents' level of education, exposure to mass media, number of boyfriends and girlfriends, and number of peers participating in activities that predisposed high risk. Scores were also lower among respondents whose parents were very religious, who spent more time watching television or films and playing cards, and when their father's level of supervision was strict. The mean scores of the gender-specific misconceptions (Index) did not vary much across the other variables under consideration.

Similar significant differentials, at different levels, in the average scores of misconceptions appeared among non-migrants and migrants; a little more conspicuously among migrants, with the following few exceptions: For non-migrants the mean score of gender-specific misconceptions was significantly higher among respondents' whose level of income was higher and whose parental supervision was strict. It did not vary much by the respondents' current age, level of religiosity, and number of peers who participated in activities that predisposed higher

risk. Among migrants (Table 8, Annexure 2), the mean scores of gender-specific misconceptions were somewhat higher and somewhat significant when their mothers strictly supervised them, and when they were more knowledgeable about reproductive and sexual health issues. The scores did not vary much by their current age, level of education, monthly income, number of peers participating in activities that predisposed high risk, and father's supervision of their daily activities.

5.7 *Determinants of respondents' gender-specific attitudes (Index) and misconceptions (Index) about sex and sexuality*

To find the major determinants of respondents' gender-specific attitudes and misconceptions, the results of a multiple regression analysis are presented in Table 9, Annexure 2. The explanatory variables used are mostly related to the men's background characteristics, which are mostly continuous, except a few such as type of occupation, parents' religiosity, place of stay, number of working hours, and career options in future, which are dichotomous and/or dummy variables.

5.7.1 *Determinants of respondents' gender-specific attitudes (Index) about sex and sexuality*

The data in Table 9, Annexure 2 highlight that the respondents' level of gender-specific attitudes significantly increased at different levels of significance (liberal towards boys and conservative for girls) with the level of education ($p < 0.10$), monthly income ($p < 0.01$), participation in activities that predisposed risk-related behaviour ($p < 0.001$), and level of father's supervision ($p < 0.05$). It was also higher among respondents whose parents were very religious ($p < 0.001$) and who worked for 11 hours or more per day ($p < 0.05$). Overall gender-specific standards diminished with the respondents' exposure to mass media, number of boyfriends, and level of knowledge about reproduction and sexual health ($p < 0.001$ in each case). Standards were also less gender-specific when they spent more time in leisure activities like watching television and playing cards. Other variables mostly showed mixed effects on the overall level of gender-specific attitudes/

beliefs. The magnitude of the effects was not significant.

Similar findings, as noted in the total sample, were observed among non-migrant and migrant workers with the following exceptions: Among non-migrants, aiming for a better career in the future showed a moderately significant ($p < 0.05$) net effect on their gender-specific attitudes. The level of education was not a significant determinant. Among migrant workers, when compared to the findings among total workers, the magnitude of the effects of variables such as the respondents' level of education, monthly income, time spent in leisure activities, hours of work, number of boyfriends, and father's supervision of respondents' activities, on their gender-specific attitudes was insignificant.

5.7.2 *Determinants of respondents' gender-specific misconceptions (Index) about sex and sexuality*

Table 9 in Annexure 2 shows that the respondents' level of gender-specific misconceptions significantly lessened, at different levels of significance (accurate knowledge for males, misconceptions for females) with an increase in their level of education ($p < 0.10$), number of boyfriends ($p < 0.001$), and father's supervision of the respondents' daily activities. The level also lessened for respondents whose parents were very religious ($p < 0.001$), who spent more time watching television or films, and playing cards ($p < 0.01$).

Conversely, overall misconceptions increased with the respondents' level of religiosity ($p < 0.10$) and participation in activities that predisposed risk-related behaviour ($p < 0.001$). The other variables showed the expected direction of effects on the overall level of gender-specific misconceptions, but the magnitude of effects was not significant. Similar findings as noted for the total sample emerged among non-migrant and migrant workers at different levels of significance (columns 5-6 of Table 9) with the exception of own religiosity for non-migrants, and own religiosity as well as time spent watching television and playing cards for migrants.

5.8 **Summary**

The respondents expressed liberal sexual attitudes on the whole but their overall accurate

knowledge about sexuality was below average. Non-migrants appeared to be more liberal and migrant workers seemed to have more accurate knowledge. Differentials in both Indexes were significantly higher at different levels when they were an older, better educated, belonged to higher income brackets, and worked for long hours. Differentials in attitudes emerged across the respondents' exposure to mass media, participation in activities that predisposed risk-related behaviour, and the number of boyfriends. For the latter Index, significant differentials emerged across the respondents' level of exposure to erotica, place of stay, type of work, and future career options. In a majority of cases, similar significant differentials, at different levels of significance in average scores of both the Indexes, were observed among non-migrants and migrants, more visibly in the former group for the former Index. The reverse was true for the latter Index.

Multiple regression analyses highlight that the respondents' current age and parents' religiosity (to a certain extent) demonstrated significant positive effects on the respondents' attitudes (Index) and misconceptions (Index). This was in addition to the level of education and number of peers who participated in activities that predisposed high risk in the former case. Respondents' participation in activities that predisposed risk-related behaviour (Index), and those who worked 11 or more hours, was important in the latter case. The number of boyfriends exhibited a significant negative effect on both the Indexes. The higher the number of friends the lower the respondents' liberal attitudes whereas they then tended to have more misconceptions. Comparable findings emerged in the case of both the Indexes among non-migrant and migrant workers with a few exceptions. For the total sample, migrant status exhibited a highly significant negative effect on liberal attitudes but not so much on accurate knowledge and misconceptions.

Young never-married migrant workers expressed gender-specific attitudes and misconceptions as against their non-migrant counterparts. But this was significant only in the case of the former Index. The attitudes (in terms of mean scores) and misconceptions were significantly higher, at different levels, among those who belonged to higher income brackets, with high parental level of

religiosity, who were exposed to erotic material, worked for 11 hours or more, participated in activities that predisposed risk-related behaviour, and were strictly supervised by their father as well as mother. Conversely, the mean scores of these Indexes decreased with the respondents' level of exposure to mass media (only in the first Index), number of boyfriends and girlfriends, level of knowledge of reproductive and sexual health. Scores were also lower among respondents who spent more time in leisure activities such as watching television and playing cards. Barring a few cases similar significant differentials, at different levels of significance, in average scores of gender-specific attitudes were noticed among non-migrants and migrants; more conspicuously among non-migrants.

Results based on multivariate analysis suggest that the respondents' level of gender-specific

attitudes (Index) and misconceptions (Index) significantly increased, at different levels, with participation in activities that predispose risk-related behaviour. An increase at a higher level was also noticed with a higher monthly income, parents' religiosity, and work for more than 11 hours per day, and father's supervision in the former case. Frequency of watching television or playing cards, and number of peers who participated in activities that predisposed high risk exhibited significant net effects in the negative direction, on both Indexes. Frequency of exposure to mass media and knowledge of reproduction and sexual health (Index) emerged as factors in the former case and parents' religiosity in the latter case. With few exception similar findings as noted in the case of the total sample were observed among non-migrant and migrant workers at different levels of significance for both Indexes.

Chapter 6

Sexual behaviour and its correlates

6.1 Introduction

Information about sexual behaviour is scarce in India. The young often turn to friends to clarify doubts and often receive incorrect information. This compounds misconceptions about sexuality and sexual health. In the area where this study was done, a majority of the hosiery factories employed young girls for different types of work. Young male workers had numerous chances to try and sexually approach the girls. At times, they experimented by visiting commercial sex workers. Though the young men knew about condoms they may not have used them during sexual intercourse, or may not have known how to use them effectively. Given the risks of unprotected intercourse, it is important to understand the factors associated with protective behaviour like abstinence, as well as to address the needs of young people who may be at risk of engaging in unprotected sexual intercourse.

Keeping this in mind, the present research attempted to collect accounts of respondents' experiences with various forms of sexual behaviour in general and high-risk sexual behaviour in particular. This chapter describes the respondents' first experience of different forms of sexual behaviour. A brief discussion of the details of the respondents' first heterosexual intercourse is then presented. This is followed by a categorisation of the respondents according to their level of risk-related sexual behaviour. The differentials across background characteristics are examined and the principal determinants are then identified.

6.2 Participation in sexual activities and related issues

The respondents' experiences of a variety of sexual activities are provided in Table 6.1. About three-fourths, irrespective of their migrant status, reported masturbation. A substantial proportion, ranging from 21-29 per cent, said they had experienced one or the other sexual activity like deep kissing, biting the neck, hugging, caressing of breasts,

and caressing of hips and thighs. The participation of migrant workers in all forms of sexual activity was significantly higher. About four per cent each of the respondents had masturbated with persons of the same sex and/or with persons of the opposite sex. The second experience was significantly higher among migrant workers. Slightly less than one-fifth of the respondents had experienced vaginal intercourse; this proportion was significantly higher, almost three times, among migrant workers. Few respondents had experienced other forms of sexual behaviour. The Chi-square results were highly significant, between migrant and non-migrant workers, in the case of heterosexual oral sex (for in-depth interviews see Annexure 4).

Table 6.1 shows that a greater majority of the respondents had their first sexual experience in any form at age 19 or earlier. Almost all the men who had masturbated said they did this for the first time sometime before the age of 20. The proportion of a sexual debut in various forms was higher among non-migrants. The differentials were statistically highly significant for deep kissing, biting the neck, hugging, and caressing breasts, and moderately significant for vaginal intercourse. A pertinent point is that the mean age at first experience in the case of masturbation was low (16.6 years), followed by homosexual masturbation (16.8 years), heterosexual anal sex (17.0 years), and heterosexual oral sex (17.5 years).

A number of examples highlight the sexual experiences of young men at very early ages. Of these, some were planned and some were forced by men/women (see Annexure 4).

Table 6.1 shows that in a large majority of cases the partners' age at respondents first sexual experience was 19 years or less. The proportion was comparatively higher among non-migrants. Differentials in age of first sexual partner across the migrant status of respondents were somewhat significant only in the case of biting the neck and hugging, caressing breasts, and heterosexual oral sex.

Table 6.1: Percentage distribution of respondents by their experience of various sexual activities, age at first experience, and age of first partner, according to migrant status

Sexual activities	Experienced			Age at first experience (in years)						Age at first experience (in years)						Mean Age	
	NMW	MW	Total	NMW		MW		Total		Mean Age	NMW		MW		Total		Mean Age
				<=19	20-24	<=19	20-24	<=19	20-24		<=19	20-30	<=19	20-30	<=19	20-30	
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8	Col.9	Col.10	Col.11	Col.12	Col.13	Col.14	Col.15	Col.16	Col.17	Col.18
Deep kissing	21.2	35.0	28.7*** (286)	74.0	26.0	59.5	40.5	64.3	35.7**	18.65	90.6	9.4	84.2	15.8	86.4	13.6	17.44
Biting neck, hugging	17.9	33.7	26.5*** (264)	75.3	24.7	61.2	38.8	65.5	34.5**	18.62	88.9	11.1	80.9	19.1	83.3	6.7+	17.64
Self-masturbation	72.1	74.4	73.4 (730)	95.1	4.9	93.1	6.9	94.0	6.0	16.59	—	—	—	—	—	—	—
Homosexual masturbation	4.0	3.7	3.8 (38)	88.9	11.1	90.0	10.0	89.5	10.5	16.82	77.8	22.2	75.0	25.0	76.3	23.7	18.16
Heterosexual masturbation	1.8	5.0	3.5** (35)	75.0	25.0	59.3	40.7	62.9	37.1	18.43	87.5	12.5	59.3	40.7	65.7	34.3	18.49
Caressing of breasts	15.9	31.5	24.4*** (243)	80.6	19.4	63.2	36.8	68.3	31.7**	18.52	86.1	13.9	76.6	23.4	79.4	20.6+	17.91
Caressing hips/thighs	13.1	27.3	20.8*** (207)	72.9	27.1	62.2	37.8	65.2	34.8	18.67	84.7	15.3	75.7	24.3	78.3	21.7	18.05
Sex between thighs	0.7	2.2	1.5* (15)	100.0	—	66.7	33.3	73.3	26.7	18.80	100.0	—	66.7	33.3	73.3	26.7	18.73
Vaginal intercourse	9.7	26.3	18.8*** (187)	77.3	22.7	61.5	38.5	65.2	34.8*	18.58	77.3	22.7	76.2	23.8	76.5	23.5	18.20
Homosexual oral sex	0.4	0.4	0.4 (4)	100.0	—	50.0	50.0	75.0	25.0	17.50	100.0	—	—	100.0	50.0	50.0*	27.50@
Heterosexual oral sex	0.2	2.0	1.2** (12)	100.0	—	54.5	45.5	58.3	41.7	18.67	100.0	—	45.5	54.5	50.0	50.0	19.50
Homosexual anal sex	0.4	0.2	0.3 (3)	100.0	—	100.0	—	100.0	—	17.00	50.0	50.0	100.0	—	66.7	33.3	19.67
Heterosexual anal sex	0.4	1.1	0.8 (8)	50.0	50.0	50.0	50.0	50.0	50.0	18.00	50.0	50.0	66.7	33.3	62.5	37.5	18.62

Note: NMW = Non-migrant workers; MW = Migrant workers. @ = The mean is based on only 4 cases in which one of the partner's age is 50 years.
+, *, **, and *** = Chi-square results between migrants and non-migrants are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

However, the average age of first sexual partner was comparatively lower when the respondents' sexual debut was deep kissing, biting the neck, and hugging, and caressing breasts. It was much higher in the case of homosexual oral sex, and comparatively higher in the case of heterosexual anal and oral sex.

When the average age of the partner was compared with the average age of the respondent at first sexual experience (Table 6.1), the average age of the partner was lower than or equal to the respondent. For either homosexual or heterosexual oral and anal sex as well as homosexual masturbation, the partner's average age was higher than the respondent's. This indicated that the young workers might have been forced or persuaded by their partners (see in-depth interviews in Annexure 4)

Information about the persons with whom respondents' had their first sexual experience is provided in Table 6.2. A majority of the young men had different types of sexual contact mostly with relatives / neighbours followed by co-workers or friends/lovers. Such experiences with commercial sex workers were comparatively much lower. The percentage of young men who had their first sexual contact with relatives was comparatively higher among migrant workers. The reverse pattern was true for co-workers as partners for most of the first sexual contacts.

6.3 Respondents' experience of first sexual intercourse

All respondents who had experienced heterosexual intercourse (187 out of 995) were asked about the experience. Responses were analysed and are given in Table 6.3. Most of the first sexual encounters of the respondents appeared to have been unplanned and not forced by anyone. The percentage of unplanned encounters was slightly higher for non-migrant; absence of force applied more to migrant workers. But the differences were not significant in both the cases. For details see in-depth interviews in Annexure 4.

A greater proportion of the respondents first had sexual intercourse with unmarried persons. The percentage was higher among migrants. The percentage of workers who had sexual intercourse with married women was higher among non-migrants. These differentials were statistically

significant at a moderate level. In the case of the partner's age (Table 6.3), a majority of the respondents had sexual intercourse with a partner who was younger or of the same age. This percentage was higher among migrant workers. One-quarter had sex with a partner who was older. This percentage was higher among non-migrant workers. These differentials were statistically significant to some extent.

In terms of the level of education of the partner (Table 6.3), a majority of the respondents first had sex with girls/women who had studied up to high school and above, followed by study up to middle school. One-fifth of the respondents did not know their first sexual partner's level of education; this percentage was higher among non-migrants. A simple majority of migrant workers first had sexual intercourse with a partner who was educated up to high school and above, whereas non-migrant workers first had sex with partners who had studied till middle school. These differentials were highly significant.

For a majority of the respondents, their first sexual partner was a co-worker followed by housewives and students (Table 6.3). The first sexual partner was a sex worker for four per cent of the respondents; for another 10 per cent it was call girls. A larger proportion of non-migrants engaged in sex for the first with a co-worker; the opposite pattern was true in the case of migrants who first had sex with girls who were students. These differentials were highly significant. For a majority of the respondents, the first sexual intercourse occurred in the partner's house (Table 6.3), followed by a lodge, friend's house, factory, respondent's house or room. For 18 per cent of the respondents the encounter took place in an open area, such as a park or a marriage venue, at night. The percentages did not vary much across their migrant status, except that the share of respondent's house or room was somewhat higher among migrant workers. The reverse pattern was noticed for lodge, friend's house, and factory. About 94 per cent of the respondents said their first sexual intercourse occurred only with one partner. The remaining six per cent had the first encounter along with a group of friends. Sexual experiences in a group were somewhat higher and somewhat significant among non-migrants (Table 6.3). In most cases sexual activities in a group occurred with sex-workers. For more details see in-depth interviews in Annexure 4.

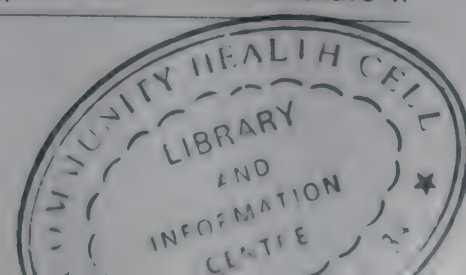


Table 6.2: Percentage distribution of respondents by first sexual partner, according to their migrant status

Type of sexual activities	Person(s) with whom had first sexual experience												
	Non-migrant workers						Migrant workers						Total
	Friends/ Lover	Co- workers	Relatives/ neighbour	Sex worker	Friends/ Lover	Co- workers	Relatives/ neighbour	Sex worker	Friends/ Lover	Co- workers	Relatives/ neighbour	Sex worker	Sex worker
Deep kissing	30.2	37.5	28.1	4.2	30.5	23.7	43.2	2.6	30.4	28.3	38.1	3.1*	
Biting the neck, hugging	27.2	34.6	33.3	4.9	24.6	24.6	47.5	3.3	25.4	27.7	43.2	3.8	
Homosexual masturbation	88.9	5.6	5.6	—	80.0	10.0	10.0	—	84.2	7.9	7.9	—	
Heterosexual masturbation	25.0	50.0	12.5	12.5	25.9	18.5	44.4	11.1	25.7	25.7	37.1	11.4	
Caressing of breasts	25.0	41.7	27.8	5.6	25.1	23.4	46.8	4.7	25.1	28.8	41.2	4.9**	
Caressing hips / thighs	20.3	42.4	30.5	6.8	26.4	23.6	44.6	5.4	24.6	29.0	40.6	5.8*	
Sex between thighs	33.3	33.3	33.3	—	50.0	16.7	25.0	8.3	46.7	20.0	26.7	6.7	
Vaginal intercourse	20.5	31.8	38.6	9.1	25.2	21.0	47.6	6.3	24.1	23.5	45.5	7.0	
Homosexual oral sex	—	50.0	50.0	—	50.0	—	50.0	—	25.0	25.0	50.0	—	
Heterosexual oral sex	—	—	100.0	—	27.3	9.1	45.5	18.2	25.0	8.3	50.0	16.7	
Heterosexual anal sex	—	50.0	—	50.0	100.0	—	—	—	33.3	33.3	—	33.3	
Homosexual anal sex	—	50.0	—	50.0	33.3	16.7	33.3	16.7	25.0	25.0	25.0	25.0	

Note: Percentages for the categories of persons are calculated for each of the sexual activity (row wise) and for non-migrants, migrants and total, separately.

* and ** = Chi-square values between non-migrant workers and migrant workers are significant at 0.05 and 0.01 level, respectively.

Table 6.3: Percentage distribution of respondents according to first sexual intercourse across their migrant status

Details of respondents' first sexual intercourse	Non-migrant workers		Migrant workers		Total	
First sexual intercourse was unplanned / planned						
Unplanned	81.8	36	74.8	107	76.5	143
Planned	18.2	8	25.2	36	23.5	44
Peer group member forced or persuaded first sexual intercourse						
No	72.7	32	80.4	115	78.6	147
Yes	27.3	12	19.6	28	21.4	40
Marital status of the first sexual partner*						
Unmarried	72.7	32	85.3	122	82.4	154
Married	27.3	12	14.7	21	17.6	33
Partner's age +						
Older than the respondent	38.6	17	21.7	31	25.7	28
Equal to the respondent	11.4	5	16.8	24	15.5	29
Younger than the respondent	50.0	22	61.5	88	58.8	110
Level of educational of the first sexual partner***						
Primary school	2.3	1	4.9	7	4.3	8
Middle school	40.9	18	34.3	49	35.8	67
High school and above	20.5	9	46.2	66	40.1	75
Not known	36.4	16	14.7	21	19.8	37
Occupation of the first sexual partner***						
Unemployed / housewife	18.2	8	29.4	42	26.7	50
Co-worker	63.6	28	30.1	43	38.0	71
Student	9.1	4	24.5	35	20.9	39
Sex worker	2.3	1	4.9	7	4.3	8
Others	6.8	3	11.2	16	10.2	19
Place of first sexual intercourse						
Respondent's house	11.4	5	18.9	27	17.1	32
Partner's house	43.2	19	44.8	64	44.4	83
Lodge / friend's house / factory	29.5	13	17.5	25	20.3	38
Others	15.9	7	18.9	27	18.2	37
Had first sexual intercourse alone or with group of friends+						
Alone	88.6	39	95.8	137	94.1	176
With group of friends	11.4	5	4.2	6	5.9	11
Alcohol before first sexual intercourse						
No	93.2	41	93.0	133	93	174
Yes	6.8	3	7.0	10	7	13
Did anything to avoid pregnancy						
No	90.9	40	83.9	120	85.6	160
Yes	9.1	4	16.1	23	14.4	27
Ever concerned with catching STDs/AIDS from the first partner +						
Not concerned at all	70.5	31	81.1	116	78.6	147
Somewhat concerned	18.2	8	15.4	22	16.0	30
Very concerned	11.4	5	3.5	5	5.3	10

(Continued...)

(Continued...)

Details of respondents' first sexual intercourse	Non-migrant workers		Migrant workers		Total	
No. of times had sexual intercourse with the first sexual partner						
Did not participate	61.4	27	49.0	70	51.9	97
1-2	27.3	12	26.6	38	26.7	50
3+	11.4	5	24.5	35	21.4	40
Reasons for no sexual intercourse after the first encounter						
Fear	22.2	6	35.7	25	32.0	31
Did not get a chance	29.6	8	18.6	13	21.6	21
Not interested	22.2	6	22.9	16	22.7	22
Others (partner got married, felt shy, partner refused, etc.)	25.9	7	22.9	16	23.9	23

Note: +, * and *** = Chi-square results between migrant and non-migrant workers are significant at 0.10, 0.05 and 0.001 level, respectively.

A large percentage of the respondents were not concerned about STDs/AIDS. About one-sixth were somewhat concerned; only five per cent were much concerned (Table 6.3). The percentage of the somewhat concerned and much concerned was comparatively higher among non-migrant workers. These differentials were statistically somewhat significant. After the first sexual encounter, slightly more than half of the respondents did not have sexual relations with the same partner, and this was more common among non-migrants (Table 6.3). About 27 per cent did have sexual relations with the same partner once or twice again. About two-fifths repeated the act about three more times or more. The percentage involved in multiple sexual encounters with the same partner was marginally higher among migrants. These differentials were not statistically significant. When respondents who did not repeat the encounter with the first partner were asked why (Table 6.3), slightly less than one-third cited "fear" (of others finding out, of STDs/AIDS, of pregnancy, etc.). About one-fifth each said they did not get another chance, were not interested, and other reasons. All the reasons did not vary across migrant status.

6.4 Respondents' reasons for abstaining

When asked if they had considered premarital sex (Table 6.4), 76 per cent of the respondents replied in the affirmative. The others said they had not thought about such an experience. The percentage of respondents who gave affirmative responses was

higher among migrant workers. The differentials were highly significant. Respondents who said yes were further asked with whom they hoped to have premarital sex and the reasons for not having it so far. A majority said they would like to have such an experience with co-workers followed by with any known girl, beautiful girl, relatives, neighbours, friends, and film stars. About eight per cent said their lovers or would-be wives. About seven per cent said sex workers or call girls. A similar pattern existed among non-migrant and migrant workers, except that the percentage that planned sexual intercourse with relatives, neighbours or friends, was higher among migrants.

Table 6.4 also shows that about 45 per cent said self-control was the reason for not having premarital sex. About one-quarter said they had not had the chance or that it was not possible. A sizable percentage, migrants more so than non-migrant, said fear of STDs/AIDS was the major reason for not having any premarital sex. About one-tenth said they would like to participate in sex only after marriage. Noticeably, few respondents mentioned the reason as restrictions imposed by parents or society.

Respondents who said that they had never thought of participating in premarital sex until the survey were asked if they intended to have premarital sex in the near future, and if so with whom, and if not, why (Table 6.5). As many as 79 per cent said they had no such intentions for the near future. The percentage of respondents who did intend to have premarital sex was higher among migrant workers, but statistically

in an insignificant way. The majority, irrespective of migrant status, said they would like to have the experience with their wife after marriage, followed by co-workers. A few intended to experience premarital sex in the near future with a cine star, a beautiful girl, a call girl, a lover, any known girl, and relatives. Minor variations existed across migrant and non-migrant workers.

In terms of reasons for not planning premarital sex in the near future, more than half the respondents said there were strict restrictions from parents and society. About one-fifth said that they would like to experience sex only after marriage with their wives. About eight per cent had different reasons such as fear of STDs/AIDS, self-control, concentration on work, lack of a chance, and interest in a spiritual life. A similar pattern was noticed among non-migrant and migrant workers, except that the percentage that said they would have sex after marriage was higher among non-migrants.

When asked why young men did or did not have premarital sex (Table 6.6) more than two-thirds of the respondents, migrants comparatively more than

non-migrants, said that young men had premarital sex mainly to fulfil their sexual desires. A substantial proportion felt that due to lack of self-control at that age, young men had premarital sex. About one-eighth each of the respondents said that young men's exposure to pornography or the mass media as well as interaction with peers influenced their chances of premarital sex. A few said that the beauty and clothes of girls lured young men. Others mentioned individual income, availability of alcohol, and ignorance about sex as factors. Reasons did not vary much across migrant status. In terms of reasons for not having premarital sex, more than half said that young men had great self-control. This was closely followed by social and parental restrictions. Some said fear of STDs/AIDS and the need to concentrate on work. Respondents who stated lack of chance, waiting to get married and others, were few. Reasons did not vary much across migrant status.

6.5 Level of risk-related sexual behaviour

This research mainly aimed to examine the prevalence of high-risk sexual behaviour among

Table 6.4: Percentage distribution of respondents in terms of thoughts about premarital sex across their migrant status

Ever thought about participating in any premarital sexual activity	Non-migrant workers	Migrant workers	Total
Ever thought about participating in any premarital sexual activity ***			
No	28.3	20.3	23.9 (238)
Yes	71.7	79.7	76.1 (757)
	N = 452	N = 543	N = 995
Person(s) with whom thought about participating premarital sexual activity			
Co-workers	26.2	22.4	24.0
Known girl	18.2	17.1	17.6
Beautiful girl	13.6	16.6	15.3
Relatives / neighbours / friends	9.5	18.0	14.4
Film stars	19.1	10.2	14.0
Lover / would-be wife	6.2	9.5	8.1
Sex workers / call girls	7.1	6.2	6.6
	N = 324	N = 433	N = 757
Reasons for not participating in any premarital sexual activity			
Self-control	46.0	43.6	44.6
Did not get a chance / not possible	27.8	21.5	24.2
Fear of STDs/AIDS	13.0	20.1	17.0
After marriage	9.0	9.5	9.2
Restrictions from parents / society	4.3	5.3	4.9
	N = 324	N = 433	N = 757

Table 6.5: Percentage distribution of respondents according to plans about premarital sex across their migrant status

Intend any premarital sexual in near future	Non-migrant workers	Migrant workers	Total
Intend any premarital sexual activity in near future			
No	82.8	74.5	79.0 (118)
Yes	17.2	25.5	21.0 (50)
	N = 128	N = 110	N = 238
Person with whom intend any premarital sexual activity			
Would-be wife	59.1	57.1	58.0
Co-workers	22.7	21.4	22.0
Film star	4.5	7.1	6.0
Beautiful girl / any girl	9.1	3.6	6.0
Relatives	4.5	3.6	4.0
Lover / known girl	—	7.1	4.0
	N = 22	N = 28	N = 50
Major reason for not intending any premarital sexual activity in future			
Restrictions from parents / society	53.2	50.0	51.7
After marriage	18.0	11.8	15.1
Self-control	8.6	8.1	8.4
Fear of STDs/AIDS	8.6	7.3	7.9
Concentration on work	6.3	9.1	7.6
Others (did not get a chance/not possible/spiritual life/ working to achieve goal)	5.5	8.1	6.8
	N = 106	N = 82	N = 188

Table 6.6: Percentage distribution of respondents by reasons for premarital sex across their migrant status

Intend any premarital sexual in near future	Non-migrant workers	Migrant workers	Total
	N = 452	N = 543	N = 995
Reasons young men participate in any premarital sexual activity			
To satisfy sexual desires	63.9	71.8	68.2
No self control / young age	30.1	29.3	29.7
To be experienced about sex before marriage	30.5	25.9	27.9
Bad friendship / situational	14.6	11.1	12.7
Exposure to pornography and mass media	12.2	12.3	12.3
Individual income/ alcohol effect, ignorance about sex	7.5	7.6	7.5
Provocatively-dressed girls	3.3	6.6	5.1
Reasons young men do not participate in any premarital sexual activity			
Self-control	52.4	58.7	55.9
Social/ parental restrictions	48.5	49.7	49.1
Fear of STDs/AIDS	15.7	17.5	16.7
Concentration on work	13.8	12.5	13.1
Did not get the chance	4.2	6.7	5.5
Good friendships /situation	4.6	3.7	4.1
Ignorance about sex/spiritual life, lack of money	4.3	3.1	3.6
After marriage	3.3	2.5	2.9

Note: Percentages exceed more than 100 because of multiple responses.

never-married young factory workers and to identify the differentials and determinants of such behaviour. Unprotected coital sex, without a condom, either vaginal or anal, either homosexual or heterosexual, and especially premarital can be considered risk-related sexual behaviour. Such sexual contact may result in RTIs/STDs and HIV/AIDS. On the other hand, certain forms of sexual contact, such as deep kissing, biting the neck, hugging, caressing breasts, caressing hips and thighs, homosexual or heterosexual masturbation, are generally treated as low risk sexual behaviour. In this study, the sexual practices of the respondents were categorised into three groups: high risk sexual behaviour, low risk sexual behaviour and no participation in premarital sex (Table 6.7).

As is evident in Table 6.7, about 19 per cent of the respondents were at a low risk level of sexual behaviour and 15 per cent were at a high-risk level. The percentage in the low risk and high-risk groups was almost the same for migrant workers, but more non-migrants fell in the former group. Migrant workers then constituted a relatively higher-risk category.

6.6 Differentials in respondents' risk-related sexual behaviour

Differentials in the level of risk-related sex across the background characteristics of the respondents were examined (Table 10, Annexure 2) with cross-tabular analysis and Chi-square test of association for total, non-migrant and migrant workers. Significant differentials existed across most of the background characteristics. The differentials were higher among migrant workers. In the total sample, the percentage in the low risk and high risk groups was significantly higher among workers aged

20-24 years, who were educated up to middle school and above, earned comparatively higher monthly incomes, stayed in a room with peers, worked in supervisory/white collar jobs, worked for 11 hours or more per day, participated at lower or higher level in activities that predisposed risk-related behaviour, had more number of peers participating in activities that predisposed high risk, had better knowledge about reproductive and sexual health, and who expressed gender-specific attitudes about sex.

Respondents who considered a better career in future had participated in risk-related sexual behaviour to a higher extent. The differentials were inconsistent but highly significant across their work experience. Participation in high-risk sexual behaviour was at a lower level when respondents' fathers had better jobs/ work and they had a higher family income. The reverse pattern was observed for low risk sexual behaviour. Chi-square results were highly significant in both cases. Differentials in the level of risk-related sexual behaviour did not vary much across the other background characteristics.

Similar significant differentials, at different levels of significance, existed in the level of risk-related sexual behaviour among non-migrant and migrant workers, with the following few exceptions: For non-migrants (Table 10, Annexure 2) the differentials in the level of risk-related behaviour were insignificant, though significant at different levels in the case of the total sample, across their level of education, type of work, career options, number of peers who had participated in activities that predisposed higher risk, father's occupation, and family income. For migrant workers, differentials in the level of participation in risk-related behaviour

Table 6.7: Percentage distribution of respondents by their level of risk-related sexual behaviour and migrant status

Level of risk-related sexual behaviour	Non-migrant workers	Migrant workers	Total
Not participated in any risk-related sex	73.9	60.2	66.4
Participated in low risk sex	17.7	19.5	18.7
Participated in high risk sex	8.4	20.3	14.9

Total	100.0 (452)	100.0 (543)	100.0 (995)

Note: *** = Chi-square results between non-migrant and migrant workers are significant at 0.001 level.

were statistically insignificant across their level of education and career options.

6.7 Determinants of the levels of risk-related sexual behaviour

The gross differentials presented in the earlier section highlight the pattern of associations between the background characteristics of the respondents and the level of risk-related sexual behaviour, on a one-to-one basis. That is, without controlling for other characteristics. These tabulations provide a general understanding, but generalisations based on these are less conclusive. A multivariate technique allows a more accurate assessment of each of the major explanatory variables by taking into account the potentially confounding effects of other variables. Because the dependent variable, level of risk-related sexual behaviour, is measured in three categories, the multinomial logistic regression technique is used to find the principal determinants of low and high-risk behaviour.

Only selected explanatory or dependent variables are included in the analysis based on their level of significance with the level of risk-related sexual behaviour, to identify the principal determinants of such behaviour. The results are presented in Table 6.8 for the total sample and for migrant and non-migrant workers, separately. The dependent variables are of both the categorised type (factors) as well as the continuous type (covariates). The odds ratios with their level of significance are estimated for each category of the explanatory variable controlling for other categories of the explanatory variables included in the model.

6.7.1 Multinomial logistic regression results on the level of risk-related sexual behaviour

Controlling for a host of variables, a majority of the other variables moved in the expected direction of net effects on low and high-risk sexual behaviour. But only about half of the variables and/or their categories demonstrated statistically significant effects at different levels. In the total sample (Table 6.8), workers staying in a room with peers were more likely to participate in both low as well as high risk sexual behaviour ($p < 0.001$ case). The tendency increased with an increase in the young men's

participation in activities that predisposed risk-related behaviour, knowledge about reproduction and sexual health, and gender-specific attitudes about sexuality ($p < 0.001$ for each case). Respondents who had 1-5 and 6 or more girlfriends showed a tendency to participate in high-risk sexual behaviour ($p < 0.10$ and $p < 0.001$, respectively). A pattern emerged for low risk-related behaviour only among those who had 1-5 girlfriends ($p < 0.05$). Respondents who worked 11 or more hours per day had a greater likelihood of participation in high-risk sexual behaviour ($p < 0.01$). Respondents who were exposed to the mass media to a moderate extent exhibited a higher tendency to participate in high-risk sexual behaviour ($p < 0.05$). Higher levels of education demonstrated a depressing net effect on both low and high-risk behaviour; this was moderately significant ($p < 0.05$) in the former case. The migrant status of the respondents showed neither consistent nor significant independent net effects on their low and high-risk sexual behaviour. Other explanatory variables also did not show any significant net effects.

In the case of non-migrant workers (Table 6.7), as noted earlier, an increasing trend in the odds ratios of participating in both low and high risk sexual behaviour was observed to be highly significant with an increase in their participation in activities that predisposed risk-related behaviour ($p < 0.001$ and $p < 0.001$, respectively) and their level of knowledge about issues related to reproduction and sexual health ($p < 0.001$ and $p < 0.01$, respectively). Such an increasing pattern was also noted between those who expressed gender-specific attitudes and low as well as high-risk sexual behaviour. The magnitude was moderately significant ($p < 0.05$) in the latter case. Having more girlfriends as well as working for more than 11 hours led to higher participation in high-risk sexual behaviour ($p < 0.01$ and $p < 0.05$, respectively). The remaining variables did not exhibit significant net effects.

Among migrant workers (Table 6.8), participation in activities that predisposed high risk was significant in determining both low and high risk sexual behaviour ($p < 0.001$ in each case), closely followed by staying in a room with peers ($p < 0.001$ in each case). Workers who had girlfriends (1-5 and 6+) and peers (5-9) who participated in activities that predisposed high risk showed higher odds of

participating in high-risk behaviour ($p < 0.001$ and $p < 0.05$, respectively). As noted, the odds of participating in low risk and high-risk behaviour increased with an increase in the Index of gender-

Table 6.8: Multinomial logistic regression results on low and high-risk sexual behaviour according to migrant status

Background characteristics of the respondents	Non-migrant workers		Migrant workers		Total	
	Low risk vs no risk	High risk vs no risk	Low risk vs no risk	High risk vs no risk	Low risk vs no risk	High risk vs no risk
Current age	0.942	0.899	1.095	0.977	1.013	0.958
Education						
Primary school (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
Middle school	0.627	0.636	1.218	3.373*	07.52	1.306
High school and above	0.378*	0.422	0.869	1.785	0.518*	0.670
Type of work						
Tailor and related work (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
Supervisor/white collar work	1.115	1.976	0.942	1.192	0.983	1.260
No. of working hours per day						
6 – 10 (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
11 +	1.026	2.620	1.127	0.132	0.935	1.840**
Monthly income (in Rs.)						
< 2000 (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
2000 - 2999	0.870	1.379	0.973	0.729	0.904	0.941
3000 +	1.868	1.392	1.324	0.722	1.510	0.935
Exp. to mass media						
Lower (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
Moderate	2.605**	1.776	1.407	0.857	1.889*	1.145
Higher	1.223	0.919	1.349	0.524*	1.289	0.640
Place of stay						
With family in a home (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
With peer in a room	1.561	2.522	2.125**	5.654***	2.274***	4.963***
Partn. in acts. that predisposed risk-related behaviour (Index)	1.359***	1.789***	1.478***	1.339***	1.417***	1.423***
No. of friends—girls						
0 (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
1 – 5	1.426	0.953	1.809*	2.202**	1.599*	1.588+
6 +	1.436	3.569**	1.387	2.795**	1.386	2.725***
No. of peers participating in acts. that predisposed higher risk						
≤ 4 (Ref.)	1.000	1.000	1.000	1.000	1.000	1.000
5 - 9	0.672	1.093	1.134	1.754*	0.906	1.391
10 +	1.308	1.506	1.356	0.978	1.324	1.048
Knowledge of reproduction and sexual health (Index)	1.161***	1.179**	1.047	1.045	1.091***	1.087**
Gender-specific attitudes about sex and sexuality (Index)	1.208	1.562*	1.170	1.423**	1.172+	1.428***
Migrant status						
Non-migrants (Ref.)	NA	NA	NA	NA	1.000	1.000
Migrants					0.871	1.150
-2 Log-likelihood	492.129		819.802		1349.349	
Chi-square value (df)	139.722 (34)		171.646 (34)		301.532 (36)	
Level of significance	0.000		0.000		0.000	
Valid cases included	405		511		916	

Note: NA = Variable not applicable in the model. + = $p < 0.10$; * = $p < 0.05$; ** = $p < 0.01$; *** = $p < 0.001$

specific attitudes. These were significant ($p < 0.001$) only in the latter case. The odds of participating in high-risk sexual behaviour were moderately high among respondents with middle school level of education ($p < 0.05$). Such odds were moderately ($p < 0.05$) lower among those who were exposed to the mass media at a higher level. The remaining variables and/or their categories in the regression models did not turn out to be significant.

6.8 Summary

Most of the young male factory workers surveyed had experienced some form of sex. The percentage was higher among migrant workers than among non-migrant workers. The mean age at first sexual experience of the respondents in the case of masturbation was 16.6 years, followed by homosexual masturbation (16.8 years), heterosexual anal sex (17.0 years), and heterosexual oral sex (17.5 years). Ages for sexual activity ranged from 18 to 19 years. The average age at first sexual act was lower when the act was non-coital, much higher in the case of heterosexual oral sex, and comparatively higher for heterosexual anal and oral sex. A majority of the young men had different types of sexual contacts with relatives/neighbours followed by co-workers or friends/lovers. Such experiences with commercial sex workers were much lower.

Most of the first sexual experiences were unplanned, mostly voluntarily, and with partners either young or equal in age to the respondents. A majority of the partners for first sexual intercourse were co-workers, housewives, or students. The place was mostly the partner or respondent's house. First sexual encounter along with a group of friends was uncommon (about six per cent), as was consumption of alcohol before intercourse (seven per cent). One-sixth said they adopted some preventive measure to avoid pregnancy at the time of first intercourse. One-fifth said that they were a little concerned about catching STDs/AIDs from the first partner.

About 19 per cent of the respondents fell in the category of low risk sexual behaviour. About 15 per cent were in the high-risk category. The percentages were higher among migrant workers. Differentials in the level of risk-related sexual behaviour across the background characteristics of the respondents showed that, among the total sample

of respondents, the percentage participating in low risk and high risk sexual behaviour was significantly higher at different levels among workers in the age 20-24 group, who were educated up to middle school and above, earned higher monthly incomes, stayed in a room with peers, worked in supervisory/white collar jobs, worked for 11 hours or more per day, participated at a lower or higher level in activities that predisposed risk-related behaviour, had a higher number of peers participating in activities that predisposed high risk, had better knowledge about reproductive and sexual health, had accurate knowledge about misconceptions, and expressed gender-specific attitudes. Barring a few exceptions, similar significant differentials (at different levels of significance) existed among non-migrant and migrant workers.

Multinomial logistic regression results on the level of risk-related sexual behaviour showed that for the total sample of workers, young men who stayed in rooms with peers showed higher odds of participating in low as well as high risk sexual experience. The odds of participating in low as well as high risk sexual behaviour significantly increased when the workers had participated in activities that predisposed risk-related behaviour, had some knowledge about reproduction and sexual health, and who expressed gender-specific attitudes. Respondents who had girlfriends and who worked for 11 or more hours per day also showed significant net effects, at different levels, mostly in the expected direction, on either low or high risk sexual behaviour in comparison to those not at risk.

For non-migrant workers, the major variables with expected individual effects on their low and/or high risk sexual behaviour were: participation in activities that predisposed risk-related behaviour, higher level of knowledge about issues related to RSSH, moderate level of exposure to mass media and work for 11 or more hours. Among migrant workers, participation in activities that predisposed high-risk behaviour (at low and high levels) was the most significant in determining both low as well as high-risk sexual behaviour, closely followed by staying in a room with peers. The number of girlfriends and gender-specific attitudes also showed some net effects.

Chapter 7

RTIs, STIs, and treatment-seeking behaviour

7.1 Introduction

One of the major aims of this study was to determine the prevalence of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) among never-married factory workers and their methods of seeking treatment. All respondents were asked about RTIs/STDs, their sources of information, if they had experienced any sexually transmitted infections and how they sought treatment. Respondents were asked to state the symptoms rather than the technical names of the particular infections. To interpret some of these, Field Investigators showed flip charts to the respondents. Based on this information, this chapter examines the prevalence of some of the major STDs and RTIs, and how the respondents sought treatment.

7.2 Reproductive tract infections (RTIs)

7.2.1 Prevalence of RTIs

Information about two major RTIs, burning pain during urination and itching in the genital region, was sought from the respondents. About 89.5 per cent of the respondents, almost equal across migrant status, said they had at some point had the first RTI listed above, and about 20 per cent had had the second kind of infection listed. This second percentage was slightly higher among migrant workers at 21 per cent, than among non-migrants at 20 per cent.

Selected details about the two RTIs (Table 7.1) show that more than half of the respondents did not talk about their symptoms (burning pain during urination) with anybody, and one-third talked about it with friends. About 10 per cent talked to their parents and another three per cent talked to relatives. Differentials across their migrant status were small, except that migrants talked a little more with friends. For itching in the genital region, about 50 per cent of the respondents talked about this for the first time with friends, one-sixth with relatives, a small proportion with parents, and about three-tenths did not talk about it with anybody. Differentials across their migrant status were negligible, except that

sharing of this information for the first time with parents was higher among non-migrants.

Barely five per cent among those who had the first type of RTI took treatment. The percentage was slightly more among migrant workers. Slightly less than 40 per cent who had the second type of RTI said they sought treatment. This percentage was also higher among migrant workers. A greater proportion of those who sought treatment for both the problems, irrespective of their migrant status, consulted an allopathic doctor. Some went to practitioners of other systems of medicine and at times tried home remedies. Among those who took treatment for the two problems, more than half went to private hospitals or clinics. The proportion of taking treatment from a government health facility as against "others" (home remedies, self-medication and medical stores) was comparatively higher for the first problem. The opposite pattern was true for the second problem. Barring a few respondents, especially migrant workers who had the second type of RTI, all said they got relief from the treatment for both the problems.

In the case of burning pain, 40 per cent of the respondents who took treatment said that friends advised them to seek that particular form of treatment, followed by doctors and others. In the case of itching, doctors closely followed by pharmacists and friends gave the advice. Similar patterns were noticed across their migrant status. Almost all the respondents, except a few migrant workers, who took treatment for the two RTIs said in turn they gave advice to others to take similar treatment.

All respondents who had sought treatment for the two problems were asked what they would have done if the treatment had not been effective. A greater proportion of the respondents, mostly non-migrants, said they would have consulted another doctor. Some migrants said they would have tried other systems of medicine. One respondent who suffered burning pain and two who suffered from itching said they might have considered committing suicide.

7.2.2 Differentials in RTIs across selected background characteristics

To determine if any particular sub-group of respondents who had the two RTIs were at lower or

higher risk, this section analyses the differentials in the prevalence of these two problems across the selected background characteristics of the respondents with the help of cross-tabular analysis

Table 7.1: Percentage distribution of the respondents by the two RTIs

Aspects related to reproductive tract infections	Non-Migrant workers		Migrant workers		Total	
	Burning pain during urination	Itching in the genital region	Burning pain during urination	Itching in the genital region	Burning pain during urination	Itching in the genital region
Whether infected in the last two months						
Yes	71.3 (288)	(40.5) 36	(72.1) 351	(31.6) 36	(71.7) 639	(35.5) 72
No	28.7 (116)	(59.5) 53	(27.9) 136	(68.4) 78	(28.3) 252	(64.5) 131
Person with whom first talked about it -						
Nobody	(59.2) 239	(25.8) 23	(53.8) 262	(30.7) 35	(56.2) 501	(28.8) 58
Friends	(26.2) 106	(51.7) 46	(37.8) 184	(48.3) 55	(32.6) 290	(49.8) 101
Relatives	(04.2) 17	(12.3) 11	(1.7) 8	(15.8) 18	(2.8) 25	(14.3) 29
Parents	(09.9) 40	(10.1) 9	(6.8) 33	(5.3) 6	(8.2) 73	(7.4) 15
Others	(0.5) 2	—	—	—	(0.2) 2	—
% took treatment	(3.5) 14	(32.6) 29	(6.0) 29	(41.3) 47	(4.8) 43	(37.4) 76
Person from whom treatment was taken @ -						
Allopathic	(85.7) 12	(93.1) 27	(86.2) 25	(91.5) 43	(86.1) 37	(92.1) 70
Ayurvedic	(14.3) 2	—	(3.5) 1	—	(6.9) 3	—
Homeopathic	—	—	(3.5) 1	—	(2.3) 1	—
Siddha/Unani	—	(6.9) 2	(3.5) 1	(2.1) 1	(2.3) 1	(3.9) 3
Others	—	—	(3.5) 1	(6.4) 3	(2.3) 1	(3.9) 3
Type of institution where treatment taken @ -						
Government	(35.7) 5	(17.2) 5	(27.6) 8	(14.9) 7	(30.2) 13	(15.8) 12
Private	(42.9) 6	(69.0) 20	(58.6) 17	(44.7) 21	(53.5) 23	(53.9) 41
Others	(21.4) 3	(13.8) 4	(13.8) 4	(40.4) 19	(16.3) 7	(30.3) 23
Whether got relief after treatment@ -						
Yes	(100) 14	(100) 27	(100) 29	(95.7) 45	(100) 43	(94.7) 72
No	—	—	—	(4.3) 2	—	(5.3) 4
Who advised him to seek this treatment@ -						
Doctor	(28.6) 4	(41.4) 12	(24.1) 7	(25.5) 12	(25.6) 11	(31.6) 24
Pharmacist	(14.3) 2	(20.7) 6	(10.3) 3	(34.0) 16	(11.6) 5	(28.9) 22
Friends	(42.9) 6	(20.7) 6	(37.9) 11	(23.4) 11	(39.5) 17	(22.4) 17
Others	(14.3) 2	(17.2) 5	(27.6) 8	(17.0) 8	(23.3) 10	(17.1) 13
Will he advice others to take this treatment@ -						
Yes	(100) 14	(100) 29	(86.2) 25	(95.7) 45	(90.7) 39	(97.4) 74
No	—	—	(13.8) 4	(4.3) 2	(9.3) 4	(2.6) 2
Steps may have taken in case of no relief from treatment@						
- Consult another doctor	(100) 14	(100) 29	(82.8) 24	(93.6) 44	(88.4) 38	(96.1) 73
- Suicide	—	—	(3.5) 1	(4.3) 2	(2.3) 1	(2.6) 2
- Others	—	—	(13.8) 4	(2.1) 1	(9.3) 4	(1.3) 1

Note: @ = Percentage among those who took treatment for the two RTIs under consideration.

and a Chi-square test of association. The analysis was done for the total sample of respondents as well as for non-migrant and migrant workers, separately.

In the total sample (Table 7.2), the percentage who ever had burning pain was significantly higher among the 20-24 age group, who earned comparatively lower and higher monthly incomes, had higher exposure to mass media, and who had better knowledge about reproductive and sexual health issues. For itching in the genital region, the percentage was significantly higher among those

earning moderate and higher incomes per month, who stayed in rooms with peers, participated at lower or higher level in activities that predisposed risk-related behaviour, who had better knowledge about reproductive and sexual health, and who participated in low and high risk sexual behaviour.

The percentage of respondents who ever suffered itching appeared to be comparatively less among those who were exposed to mass media to a moderate and higher level than those at a lower level. Similar patterns were observed among non-migrant

Table 7.2: Percentage distribution of respondents with RTIs by their background characteristics and migrant status

Background characteristics of the respondents	Non Migrant workers		Migrant workers		Total	
	% suffered from		% suffered from		% suffered from	
	Burning pain during urination	Itching in the genital region	Burning pain during urination	Itching in the genital region	Burning pain during urination	Itching in the genital region
Current age						
15-19	87.3	18.8	85.5	21.4	86.6	19.8
20-24	91.5	20.6	91.4*	20.8	91.4**	20.8
Monthly income (in Rs.)						
< 2000	92.2	16.5	92.1	18.1	92.1	17.4
2000 - 2999	85.4	16.8	86.7	19.5	86.1	18.2
3000 +	94.6***	28.8*	92.0	25.1	93.0***	26.6**
Exposure to mass media (Index)						
Lower	84.9	20.2	87.7	34.2	86.3	27.0
Moderate	88.2	14.7	86.8	18.5	87.5	16.7
Higher	92.9 ⁺	22.8	92.1	16.9***	92.4**	19.4**
Place of stay						
With family in a home	89.5	18.4	88.0	16.6	89.0	17.7
With peer in a room	86.4	45.5***	91.2	25.0**	90.8	26.5***
Participation in activities that predisposed risk-related behaviour (Index)						
Not participated	84.7	9.9	88.3	15.6	86.2	12.2
Participated at lower level	90.9	19.6	88.6	17.6	89.6	18.5
Participated at higher level	91.0	28.7***	91.8	27.8**	91.5	28.2***
Knowledge of reproduction, sexuality and sexual health (Index)						
Low	86.7	16.1	87.2	15.3	87.0	15.7
High	93.6*	26.7**	92.2 ⁺	27.9***	92.8**	27.4***
Total	404	89	487	114	891	203

Note: +, *, **, and *** = Chi-square values relating to the categories of the variables are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

and migrant workers, but the results were significant for the second problem among migrants.

7.3 Sexually Transmitted Infections (STIs)

7.3.1 Prevalence of STIs

Information about four selected STIs— pus discharge from the penis, wound or swelling in the penis, ulcer in the penis and inguinal swelling— is provided in Table 7.3. About 10 per cent of the total workers had at some point been infected with one of these STIs. These results are comparable with those found in some selected developing countries (about 8-13%). [31]. The percentage that was ever infected with any of these STIs was higher among migrant workers, even to a significant extent. About seven per cent ever had inguinal swelling, three per cent had wounds or swelling in the penis, two per cent had ulcers in the penis, and 1.4 per cent had pus discharge from the penis. The percentage that had inguinal swelling was very high among migrants and the percentage with the other three STIs was negligible across migrant status.

analysed. Among the total episodes of STIs, just about 22 per cent were reported to have occurred in the last two months; the percentage was slightly higher among migrants than non-migrant workers. About 28 per cent of episodes had not been shared with anyone, whereas slightly more than two-fifths of the STI episodes were shared with relatives, followed by friends, and about nine per cent with parents. While the percentage of sharing of information about STIs with relatives and friends was relatively high in the case of non-migrant workers as against migrant workers, the opposite pattern was true in the case of sharing such information with parents as well as with nobody.

For about 45 per cent of episodes some treatment had been sought. This proportion was much higher among non-migrant workers than their migrant counterparts. Among those episodes for which treatment had been sought, the percentage of cases treated by an allopathic doctor was high, much higher in the case of migrant workers than non-migrant workers. On the other hand, for a sizeable percentage of the STIs among non-migrant workers, self-medication / homemade medicine

Table 7.3: Percentage distribution of respondents with the four STIs across their migrant status

Symptoms of sexually transmitted infections	Non-Migrant workers		Migrant workers		Total	
	N = 452		N = 543		N = 995	
	%	No.	%	No.	%	No.
Pus discharge from penis	1.32	6	1.29	7	1.31	13
Wound/swelling in penis	2.88	13	3.09	14	2.71	27
Ulcer in penis	2.65	12	2.43	11	2.31	23
Inguinal swelling	4.65	21	10.15	46	6.73	67
Suffered any STI⁺						
No	91.6	414	88.2	479	89.7	893
Yes	8.4	38	11.8	64	10.3	102

Note: + = Chi-square results across non-migrant and migrant workers are significant at 0.10 level.

7.3.2 Details of treatment-related behaviour for STIs

Selected details about those who contracted the four STIs under consideration are given in Table 7.4. However, as the proportion of respondents with STIs was comparatively much less, here the details are provided after clubbing all the STIs together into episodes of illnesses (rather than the percentage of respondents with them) and

(others) had been used. Among those STIs for which treatment had been taken, the share of visiting private hospitals was much higher than visits to government hospitals and others. The pattern was more or less the same for both migrant and non-migrant workers. Of those STI episodes for which treatment was sought, except two among non-migrant workers, in all the other cases the respondents got relief from the treatment.

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When asked about the person who advised them to take that particular treatment, in the case of a majority of the STIs for which treatment was taken, the doctor was reported as this person, irrespective of migrant status. Barring one case of STI for which treatment was taken, in all the other cases the respondents stated that they would advise such a treatment to others. When asked about the steps that might be taken in case of no relief from the treatment,

a greater percentage of the respondents said that they would consult another doctor and some (only non-migrant workers) said that they would try other systems of medicine. Only one respondent who had an STI said that he might have considered suicide if he was not cured. All these findings highlight the social stigma towards these diseases whereby the respondents hesitated to talk about it with others or delayed treatment from a proper health professional.

Table 7.4: Percentage distribution of the respondents by issues related to STIs

Issues related to STIs	Non-Migrant workers		Migrant workers		Total	
	N = 51		N = 79		N = 130	
	%	No.	%	No.	%	No.
Whether suffered in the last two months						
Yes	19.61	10	24.05	19	22.31	29
No	80.39	41	75.95	60	77.69	101
Person with whom first shared about the STIs -						
Nobody	23.53	12	30.38	24	27.69	36
Friends	23.53	12	21.52	17	22.31	29
Relatives	45.10	23	37.97	30	40.77	53
Parents	7.84	4	10.13	8	9.23	12
% Taken treatment - Yes	58.82	30	36.71	29	45.38	59
Person from whom treatment taken@ -						
Allopathic	80.0	24	93.10	27	86.45	51
Ayurvedic	—	—	3.45	1	1.69	1
Homeopathic	3.33	1	3.45	1	3.39	2
Siddha / Unani	3.33	1	—	—	1.69	1
Others	13.34	4	—	—	6.78	4
Type of institution where treatment was taken@ -						
Government	20.0	6	20.69	6	20.34	12
Private	60.0	18	58.62	17	59.32	35
Others	20.0	6	20.69	6	20.34	12
Whether got relief from treatment@ -						
Yes	93.33	28	100.0	29	96.61	57
No	6.67	2	—	—	3.39	2
Who advised you to take this treatment@ -						
Doctor	60.00	18	65.52	19	62.72	37
Pharmacist	16.67	5	6.89	2	11.86	7
Friends	13.33	4	10.35	3	11.86	7
Others	10.00	3	17.24	5	13.56	8
Will advise to others to take this treatment@						
Yes	96.67	29	100.0	29	98.31	58
No	3.33	1	—	—	1.69	1
Steps might have taken in case of no relief after treatment@ -						
Consult another doctor	90.0	27	93.10	27	91.53	54
Suicide	—	—	3.45	1	1.69	1
Others	10.0	3	3.45	1	6.78	4

Note: @ = Percentage among those who had taken treatment for the STIs under consideration.

7.3.3 Differentials in STIs across selected background characteristics of the respondents

An analysis of the differentials of respondents who suffered from any STIs by their background characteristics was carried out with the help of cross-tabulation and Chi-square test of association (Table

7.5). In the total sample, the percentage who ever suffered from any STI was observed to be significantly (at different levels) higher among those in the age group of 20-24 years, working as supervisors/white collar workers, earning comparatively higher monthly incomes, residing in rooms with peers, who participated in activities that predisposed risk-related

Table 7.5 Percentage distribution of respondents who suffered from any STIs by their background characteristics and migrant status

Background characteristics of the respondents	Non Migrant workers		Migrant workers		Total	
	No	Yes	No	Yes	No	Yes
Current age						
15-19	94.8	5.2	90.6	9.4	93.0	7.0
20-24	88.3	11.7	87.2	12.8	87.6	12.4
	**				**	
Education of the respondent						
Primary school	90.1	9.9	92.3	7.7	90.6	9.4
Middle school	92.7	7.3	86.9	13.1	89.6	10.4
High school and above	92.0	8.0	88.5	11.5	89.3	10.7
Type of Work						
Tailor and related works	91.8	8.2	90.2	9.8	91.0	9.0
Supervisor and white collar workers	90.5	9.5	84.1	15.9	86.0	14.0
			*		*	
Monthly income (in Rs.)						
< 2000	96.5	3.5	92.1	7.9	94.2	5.8
2000 - 2999	90.3	9.7	87.6	12.4	88.9	11.1
3000 +	89.2	10.8	86.3	13.7	87.4	12.6
	+				**	
Exp. to mass media						
Lower	92.4	7.6	80.7	19.3	86.7	13.3
Moderate	89.0	11.0	90.7	9.3	89.9	10.1
Higher	92.9	7.1	89.9	10.1	91.2	8.8
Place of stay						
With family in a home	91.6	8.4	90.3	9.7	91.1	8.9
With peer in a room	90.9	9.1	86.3	13.7	86.6	13.4
			+		*	
Partn. in acts. that predisposed risk-related behaviour (Index)						
Not participated	99.1	0.9	98.7	1.3	98.9	1.1
Participated at lower level	93.6	6.4	88.6	11.4	90.8	9.2
Participated at higher level	81.1	18.9	83.5	16.5	82.6	17.4
	***		***		***	
Knowledge of reproduction, sexuality and sexual health (Index)						
Low	95.9	4.1	93.4	6.6	94.6	5.4
High	84.5	15.5	82.5	17.5	83.3	16.7
	***		***		***	
Total	91.6 (414)	8.4 (38)	88.2 (479)	11.8 (64)	89.7 (893)	7.3 (102)

Note: +, *, ** and *** = Chi-square results for each variable between non-migrant and migrant workers are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

behaviour at a lower as well as a higher level, and who knew about reproductive and sexual health issues more than their counterparts. By and large, similar patterns were observed among non-migrant and migrant workers, but the results turned out to be comparatively significant in a majority of the cases among migrants.

7.4 Association of RTIs and STIs with the level of risk-related sexual behaviour

RTIs and STIs were likely to be associated with the level of risk-related sexual behaviour, especially with high-risk sexual behaviour (sexual intercourse without using a condom). To determine this, a cross-tabular analysis with Chi-square test of association was carried out (Table 7.6). The percentage of workers who suffered from itching in the genital region was very high among those who had participated in low risk sexual behaviour, whereas the percentage was comparatively lower among those who had participated in high risk sexual behaviour, followed by the no-risk group. A similar

pattern was noticed among non-migrant and migrant workers, but the Chi-square results were moderately significant only among migrant workers. On the other hand, differentials in the percentage of those who suffered from burning sensation in the penis appeared to be inconsistent; it was higher in the low risk sexual behaviour category, but comparatively lower in the high risk category than for those not at risk. The results were moderately significant only among non-migrant workers.

In the case of STIs, as expected, the percentage of those who suffered from any STI was much higher among those who had participated in high-risk sexual behaviour, irrespective of their migrant status. However, a substantial proportion of the respondents who had participated in low risk sexual behaviour (non-coital activities and coital activity with condoms) and a few who had not participated in any risk-related sex also said that they had suffered from an STI at some point in time. It is likely that these young men either reported that they participated in low risk sexual behaviour instead of high-risk behaviour, or there was a possibility of

Table 7.6: Percentage distribution of respondents who suffered from RTIs and any STI by their level of risk-related sexual behaviour and migrant status

Background characteristics of the respondents	Non-migrant workers		Migrant workers		Total	
	No	Yes	No	Yes	No	Yes
Level of participation in risk-related sexual behaviour (Index)	Itching in the genital region					
	81.7	18.3	82.0	18.0	81.8	18.2
	75.0	25.0	70.8	29.2	72.6	27.4
	78.9	21.1	78.2	21.8	78.2	21.6
			*		**	
Level of participation in risk-related sexual behaviour (Index)	Burning pain in penis					
	11.7	88.3	10.4	89.6	11.0	89.0
	3.7	96.3	8.5	91.5	6.5	93.5
	15.8	84.2	11.8	88.2	12.8	87.2
	*					
Level of participation in risk-related sexual behaviour (Index)	Any STI					
	99.4	0.6	99.4	0.6	99.4	0.6
	73.8	26.3	72.6	27.4	73.1	26.9
	60.5	39.5	70.0	30.0	67.6	32.4
	***		***		***	

Note: +, *, ** and *** = Chi-square results for each variable between non-migrant and migrant workers are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

failure / improper use of condoms whereby they contracted the STI.

7.5 Summary

Among the total sample, about 90 per cent and 20 per cent of the respondents, irrespective of their migrant status, reported that they had ever suffered burning sensation during urination and itching in the genital region. Only five per cent of those suffered from the burning sensation and about 40 per cent of those suffered the itching had taken treatment; the percentage was slightly higher among migrant workers. Treatment was taken mostly from allopathic doctors and private hospitals/clinics and most respondents got relief after the treatment. The percentage who suffered from both these RTIs varied significantly by their monthly income, and according to those who had more knowledge about reproductive and sexual health issues than their counterparts, in addition to their age group and frequency of exposure to the mass media in the case of burning sensation, and their place of stay and level of participation in risk-related sexual behaviour.

About 10 per cent of the young workers ever suffered from one or the other STI, migrants to a higher extent than their non-migrant counterparts.

Slightly more than two-fifths of the STIs were talked about with relatives and for about 45 per cent of the episodes some treatment had been sought, mostly from an allopathic doctor or from private hospitals / clinics, leading to relief due to the treatment. The percentage who ever suffered from any STI, irrespective of migrant status, was observed to be significantly (at different levels) higher among workers in the 20-24 age group, who worked as supervisors / white collar workers, earned comparatively higher monthly incomes, stayed in rooms with peers, participated in activities that predisposed risk-related behaviour to a lower as well as a higher extent, and who knew more about reproductive and sexual health issues than their counterparts.

The percentage that suffered from the genital itching was very high among those who had participated in low risk sexual behaviour, whereas this percentage was comparatively lower among those who had participated in high risk sexual behaviour followed by those not at risk. The pattern was moderately significant among migrant workers. The percentage of those suffered from any STI was higher among those who had participated in high-risk sexual behaviour, irrespective of their migrant status.

Chapter 8

Conclusions and recommendations

8.1 Introduction

This research, conducted during 2003-04, was aimed at examining the correlates of high-risk sexual behaviour among never-married young men (ages 15-24) working in hosiery factories of Tirupur City, in the state of Tamil Nadu. It also intended to provide information about the respondents' gender-specific sexual attitudes/beliefs as well as their misconceptions about sexuality, premarital sex, and sexual health. The research tried to examine gender-specific standards on these issues along with their associated factors. Information was collected from 995 young workers, who had worked for one year or more. Of these, 452 were non-migrants and 543 were migrants who had migrated by or after age 14 to Tirupur. The respondents were chosen from five clusters of houses (parts of wards) of Tirupur city, which were selected on a random basis. An interview schedule was used, in addition to 20 in-depth interviews.

8.2 Knowledge about reproduction, sexuality and sexual health

The workers' knowledge about reproduction, sexuality, and sexual health (RSSH) was measured in terms of four different dimensions: reproduction and sexuality, sexual activities, HIV/AIDS and related issues, and RTIs/STIs and related issues. These were all pooled together as a single Index of overall knowledge about RSSH. The mean knowledge score for reproduction and sexuality was just above average, whereas it was moderately higher for knowledge about RTIs/STIs and related issues. Knowledge of various sexual activities and HIV/AIDS and related issues was comparatively higher and thereby, the overall mean knowledge score of RSSH of the respondents naturally appeared to be fairly high. On the whole, migrant workers appeared to know more about RSSH as well as the four components under consideration (at different levels of significance). However, controlling for a host of background characteristics, the migrant status of the respondents did not show either a consistent

influence or significant net effects on their overall knowledge of RSSH and its different components.

Multiple regression analysis results showed that the knowledge of RSSH significantly (at different levels) increased, with a few exceptions, with the number of girlfriends they had, current age, exposure to mass media, and to a certain extent with their level of education. Such knowledge levels were found to be significantly (at different levels) lower when they worked for more than 11 hours per day (except in the case of HIV/AIDS), perceived parents as being more religious (except in the case of reproduction and sexuality, where this was higher and even significant). The levels also decreased with their fathers' level of supervision of the respondents' daily activities (except in the case of the RTIs/STIs Index). The number of peers who participated in activities that predisposed high risk-related behaviour, the respondents' level of participation in activities that predisposed risk-related behaviour, and ever thought to participate in any sexual activity also exhibited net significant effects on some dimensions of knowledge of RSSH. With a few exceptions similar findings were observed across migrant status.

8.3 Attitudes and misconceptions about sexuality

Based on the young workers' responses to 10 statements about attitudes and nine statements about misconceptions related to males and females, two Indexes were prepared and examined in detail. The mean score of (liberal) sexual attitudes was comparatively higher and it did not vary much across non-migrant and migrant workers. Non-migrant workers had more positive attitudes towards sexual issues than their migrant counterparts. Although the overall level of accurate knowledge of misconceptions about sexual issues was below average among the total sample, the mean score was comparatively higher (gross effects were significant), more so among migrant workers than among non-migrant workers. That is, migrant workers had more

accurate knowledge about sex-related issues than their non-migrant counterparts.

A multiple regression analysis highlighted that the respondents' level of attitudes about sexuality significantly increased (more liberal) with their current age, educational status, and number of peers participating in activities that predisposed higher risk. It was also observed to be much higher among those whose parents were stated to be more religious and for those who worked for 11 or more hours, whereas the reverse pattern was significantly noticed with an increase in the number of boyfriends. The score was somewhat lower among those working in the supervisory / clerical cadre than those working as tailors or in related work. Similar findings were noticed among non-migrant and migrant workers with a few exceptions. The workers' level of accurate knowledge of misconceptions about sexuality also increased significantly (at different levels) with their current age, participation in activities that predisposed risk-related behaviour, number of peers participating in activities that predisposed high risk, and Index of sexual attitudes, but tended to decrease to a smaller extent with the number of boyfriends they had. The Index was also higher among those whose parents were very religious and who worked for more than 11 hours per day. Comparable findings emerged among non-migrant and migrant workers with a few exceptions. Controlling for other factors, the migrant status of the respondents exhibited a highly significant negative effect on their liberal attitudes about sexuality and related issues, but not on the accurate knowledge about misconceptions.

On the basis of the responses two Indexes of gendered standards were constructed. The mean score of gender-specific attitudes (Index) was comparatively higher and somewhat significant among migrant workers. That is, migrant workers expressed more gender-specific attitudes about sexual issues. The mean score of gendered standards in terms of misconceptions (Index) did not vary much across the migrant and non-migrant workers. Multivariate results did not support the net effects of migration on both these Indexes.

The results based on multivariate analysis suggest that the respondents' level of gender-specific attitudes significantly (at different levels of significance) increased (liberal towards boys and

conservative for girls) with educational status, monthly income, participation in activities that predisposed risk-related behaviour, and level of father's supervision of respondent's activities. It was also higher among those whose parents were very religious and who worked for 11 hours or more per day. Gendered standards about sexuality appeared to diminish with their exposure to the mass media, the number of boyfriends, and level of knowledge of reproduction and sexual health. It was also lower when they spent more time in leisure activities like watching TV/movies and playing cards.

The level of gendered standards in terms of misconceptions about sexuality significantly (at different levels of significance) lessened (increased in accurate knowledge of sexuality related issues in the case of males and misconceptions in the case of females) with an increase in their educational status, number of boyfriends, and father's control over respondents' daily activities. It was also found to be lesser among those whose parents were perceived to be very religious, and who spent more time watching TV/movies and playing cards than their counterparts. Conversely, such overall gendered standards increased with their level of religiosity and their participation in activities that predisposed risk-related behaviour. With a few exceptions similar findings as noted in the case of total sample were observed among non-migrant and migrant workers at different levels of significance in the case of both the Indexes under consideration.

8.4 Young male workers sexual behaviour and its correlates

About three-fourths of the workers, irrespective of their migrant status, stated that they had masturbated. A substantial proportion of the respondents, migrants much more so than non-migrants, ranging between 21-29 per cent, said that they had experienced sexual activities such as deep kissing, biting the neck and hugging, caressing of breasts, and caressing of hips and thighs. Slightly less than one-fifth of the respondents had experienced vaginal intercourse; this proportion was three-times higher among migrants than among non-migrant workers. The mean age at first experience of self-masturbation was (16.6 years) closely followed by homosexual masturbation (16.8 years), and

heterosexual anal and oral sex (17.0 years and 17.5 years, respectively). These ages were lower than those who participated in other forms of sexual behaviour (18-19 years).

The average age at first sexual encounter was comparatively lower when the respondents' sexual debut was deep kissing, biting the neck and hugging, and caressing breasts, whereas it was much higher in the case of heterosexual oral sex and comparatively higher in the case of heterosexual anal and oral sex. A majority of the young men had sexual contact mostly with relatives/neighbours, followed by co-workers or friends/lovers. Such experiences with commercial sex workers were comparatively lower.

Details about the first sexual intercourse show that in most cases the encounter was unplanned and mostly voluntarily for the respondents, that is, without any force from peers. The encounter was usually with unmarried women mostly younger or equal in age. A majority of the partners at first sexual intercourse were co-workers, closely followed by housewives, and students. The place of intercourse was mostly the partner's and/or the respondent's house. Sexual debuts with a group of friends as well as consuming alcohol were not common (about six per cent and seven per cent respectively). About one-sixth reported that they had adopted some preventive measure to avoid pregnancy during the first intercourse and about one-fifth said that they were concerned about catching STDs/AIDs from the first partner.

An analysis of the risk-related sexual behaviour of the respondents showed that about 19 per cent were low risk sexual behaviour (participating in deep kissing, biting of neck and hugging, caressing of breasts, hips and thighs, homosexual or heterosexual masturbation, and vaginal sexual intercourse with condom), and 15 per cent were high-risk sexual behaviour (vaginal/anal intercourse without condoms). The corresponding percentages were comparatively higher among migrant workers. Controlling for a host of background factors, the odds of participating in high-risk sexual behaviour were higher among migrant workers. The reverse was true for low risk behaviour, but both of these did not turn out to be significant.

Multinomial logistic regression results on the level of risk-related sexual behaviour showed that

young men, especially migrants, staying in a room with peers, were more likely to participate in low as well as high risk sexual behaviour than their counterparts. Irrespective of migrant status, the tendency to participate in low and high risk (comparatively more significant in the latter case) sexual behaviour increased significantly with an increase in the young men's participation in activities that predisposed risk-related behaviour, knowledge about reproduction (not significant among migrants), sexuality and sexual health, and gender-specific sexual attitudes (not significant in the case of low risk sexual behaviour). Irrespective of migrant status, having a large number of girlfriends (six or more) tended to increase the odds of participation in high-risk sexual behaviour. Respondents who worked for 11 or more hours had a greater likelihood of participation in high-risk behaviour; this pattern was moderately significant among non-migrants. Young workers who were exposed to the mass media to a moderate extent exhibited a higher tendency to participate in low risk sexual behaviour (total and non-migrant workers). Exposure to the mass media at a higher level demonstrated a depressing net effect on high-risk behaviour. Moderate exposure to the mass media exhibited a positive independent effect on the total workers' participation in low risk sexual behaviour in general and that of non-migrant workers in particular. Education up to high school level and above had a moderately significant depressing net effect on low risk sexual behaviour only among non-migrant workers.

The in-depth interviews of 20 workers (four non-migrants and 16 migrants) revealed that about half of them experienced vaginal intercourse, followed by various types of non-coital sex, and anal (both homosexual and heterosexual) and/or oral sex. In half of the cases, the motive behind the sexual acts was a love affair, followed by a desire to have sex and being forced to have sex. In a majority of the cases, the first partner was an unmarried woman. In about 40 per cent of the cases, the partner was a married/widowed woman and in the rest of the cases, it was a male. Correspondingly, in half of the cases, the first sexual partners were mostly younger or equal to the respondents in age; for the rest the partners were older. Co-workers were mostly the first partner followed by relatives/ neighbours and unknown

persons. At least half of the respondents said that the respondent or the partner or both planned their first sexual act. It mostly had the cooperation of the partner or occurred after some persuasion by the respondents. The rest were mostly unplanned and generally coercive in nature (in most cases by the partner and at times by the respondents). Twelve out of 20 respondents did not use condoms during their first sexual intercourse, whereas five used condoms occasionally.

With regard to the sexual lifestyle of young boys and girls in Tirupur and of those working in the hosiery establishments, 17 out of the 20 respondents interviewed in-depth reported that a greater majority of the young boys and girls (50 to 90 per cent) were sexually active before marriage, and it was difficult to control these activities because of the conducive nature of the workplace as well as the place of residence. Access to money after working long hours aided risk-related lifestyles and various forms of sexual behaviour. Some argued that a majority of working girls would have premarital sex to earn more money and/or to get less work or favour from their supervisor, and that married women had extra-marital sex with the young men to earn some money and maintain their family and/or live comfortably.

8.5 RTIs / STIs among young male workers

About 90 per cent and 20 per cent of the respondents, irrespective of migrant status, reported that they had at some point suffered burning sensation during urination and itching in the genital region. About five per cent who suffered from the burning sensation and about 40 per cent of those who suffered from the itching had taken treatment mostly from allopathic doctors and private hospitals/clinics; this figure was slightly more among migrant workers. The percentage that suffered from both these RTIs varied significantly by their monthly income and level of knowledge about reproductive and sexual health issues, in addition to age and frequency of exposure to the mass media (for burning sensation), and to their place of stay and level of participation in risk-related sexual behaviour. Similar patterns were observed among non-migrant and migrant workers, but the results were significant and comparatively better for the second problem among migrants.

About 10 per cent of the young men had suffered from STIs, migrants to a higher extent. In about 45 per cent of STI episodes some treatment had been sought, mostly from allopathic doctors and from private hospitals /clinics, and it led to relief. The percentage who ever suffered from any STIs, irrespective of migrant status, was significantly (at different levels) higher among the 20-24 age group, working as supervisors/white collar workers, earning higher monthly incomes, staying in rooms with peers, and participating in activities that predisposed risk-related behaviour at lower and higher levels, and who knew about reproductive and sexual health issues.

8.6 Synthesis

On the whole, the present study highlights that young men working in hosiery establishments of Tirupur city, Tamil Nadu, were engaged in one or the other sexual activity to a moderate extent (34 per cent). One-sixth was participating in high-risk sexual behaviour, that is, sexual intercourse without using condoms, migrants to a higher extent (20 per cent) than non-migrant workers (eight per cent). These differentials were not significant, controlling for a host of other variables, but the pattern seems clear that migrant workers participated more in risk-related sexual behaviour than their non-migrant counterparts. The young men had a greater tendency to participate in high-risk sexual behaviour if they lived in rooms with peers, had risk-related lifestyles, had better knowledge about RSSH, and expressed gender-specific attitudes about premarital sex and related issues. These correlates were more conspicuous among migrant workers (except for knowledge about RSSH) than among their non-migrant counterparts.

Why did these differential patterns exist between migrant and non-migrant workers in the same setting? A large number of migrant workers lived in rooms with peers and had ample opportunities to participate in activities that predisposed risk-related behaviour like playing cards, gambling, smoking, drinking alcohol, reading pornographic material, and viewing pornographic films and websites. A majority of those interviewed in-depth and a discussion with the laypersons on the Ethics Committee confirmed that in addition to

reading pornographic literature, watching pornographic films was common by hiring the CDs and at times even a television set. This was done with utmost care, on late nights and Sundays. At times, non-migrant workers too would view these films, if they had close friends living in rented rooms. Moreover, there was more interaction with peers for workers living in rented rooms and at the same time parental supervision of the young men's daily activities was less. Further, the housing pattern in Tirupur (rooms are constructed in one or two rows with little living space and common toilets and water facilities) where migrant workers live, is conducive for interaction with peers, as well as interaction with young women living in the same compound. All these factors would either independently or in combination motivate the migrant workers to participate in premarital sexual activities in general and risk-related sexual behaviour in particular. A few might have been forced or persuaded to participate in such activities under different circumstances.

What were the possible factors that were favourable to non-migrants participating in sexual activities to a lesser extent? One of the major factors appeared to be their place of stay, that is, living at home with family members. This meant that their parents/elders, and almost all monitored their activities or a major share of their income would be given to their parents, leaving little money for independent spending. Since the parents would have known about the lifestyle of young men in Tirupur city, a majority would try to disallow participation in risk-related lifestyle and thereby in any sexual activity. Moreover, living in the same city, these workers aimed to set up their own business and/or try to get a permanent job by working more and earning more, rather than spending time and money on sex and related activities.

Another important aspect was that migrants more so than non-migrants had many gender-specific standards about premarital sex. Clear empirical data emerged that such gendered standards would lead to risk-related behaviour in general and high risk sexual behaviour in particular. This leads to the conclusion that young men may have been socialised in thinking in liberal terms about issues related to premarital sex for boys, but stricter terms for girls, which allowed them to indulge in sexual activities thinking that these were socially sanctioned.

8.7 Recommendations

The findings and the major conclusions drawn from this research stress the need for some of the following programme recommendations:

1. There is a need for wider societal acknowledgement of the social reality of a substantial and probably increasing level of premarital sexual interaction among youth in general, and among specific vulnerable groups like young workers, college going, and out of school youth in particular.
2. Efforts need to be made to address widespread double standards and gender disparities in sexuality and premarital sex among youth in general and among young workers in particular, so as to correct them at the earliest. To this end, parents have to be involved in a major way, since they are the primary agents of socialisation for young persons from an early age, in addition to close relatives and neighbours. Teachers and social workers / community leaders should also be encouraged to take up such activities.
3. There is an urgent need to educate young workers in general and those working in hosiery establishments in particular about not participating in a risk-related lifestyle that involves drinking alcohol, reading pornographic material, and viewing pornographic films or websites. Such attempts have to be made at the family and community levels through social education and informal education involving parents, relatives/neighbours, prominent community leaders and non-governmental organisations, as well as through counselling by professionals.
4. Attempts must be made to understand some of the common misconceptions about issues related to sex, sexuality, and disease transmission among youth in different settings so as to develop strategies to dispel such misconceptions, and also to provide basic information about sexually transmitted diseases and contraception.

5. Under the umbrella of the RCH programme in India, adolescent girls attending high school are being addressed in terms of issues related to menstruation and related problems. Similar attempts must be devised for boys in high schools and colleges, out of school youth, and factory workers to disseminate information about the anatomy and physiology of the male and female reproductive systems, the consequences of unprotected sex, the need for safer sex, and basic information about RTIs / STIs as well as HIV/AIDS. For this purpose, weekly meetings / lectures may be conducted in schools, colleges, the community, and factory establishments by Family Planning workers and/or those from Medical Colleges / Health Departments.
6. Given the socio-cultural setting of India, strategies must be devised to provide family planning services to unmarried youth, both males and females, as part of the programme, with an emphasis on sensitivity and confidentiality in the services provided.
7. It is recommended that participative, interactive, and informal programmes be designed that focus on gender awareness, countering coercion and pressure in sexual interaction, clarification of values, and decision-making skills, to address the confusion with regard to sexual attitudes and values, communication skills to enhance taking sexual and reproductive health protective measures, and increased understanding about the use of condoms with a positive sense of care for the partner.
8. Research is required to understand the gaps in information about the sexual and reproductive health of young people in different settings, since young people are not a homogenous group. There is a need for more in-depth community and facility-based behavioural research that focuses on the perspectives and experiences of youth in different settings. The major themes deserving investigation are the vulnerability of young people to sexual and reproductive ill health, the community and social forces, and the gender imbalances that limit their choices, and the influence of the former on the latter.
9. Research is also required on a priority basis to explore premarital sexual behaviour, the ways in which sexual partnerships are formed among youth, and the social meanings that females and males attribute to relationships. Special focus must be given in such research to understand the nature and duration of different types of partnerships, different perceptions or expectations of relationships among young boys and girls, young people's decisions to practice contraception or safe sex, and the ways in which sexually active youth deal with the dual risk of unwanted pregnancy and sexually transmitted diseases.
10. There is an urgent need for small, in-depth studies to determine the characteristics of, and circumstances surrounding, such examples of positive deviance, and to identify and analyse the strategies used successfully by the young people concerned. Special attention must be given in these studies to investigate gender-based relationships.

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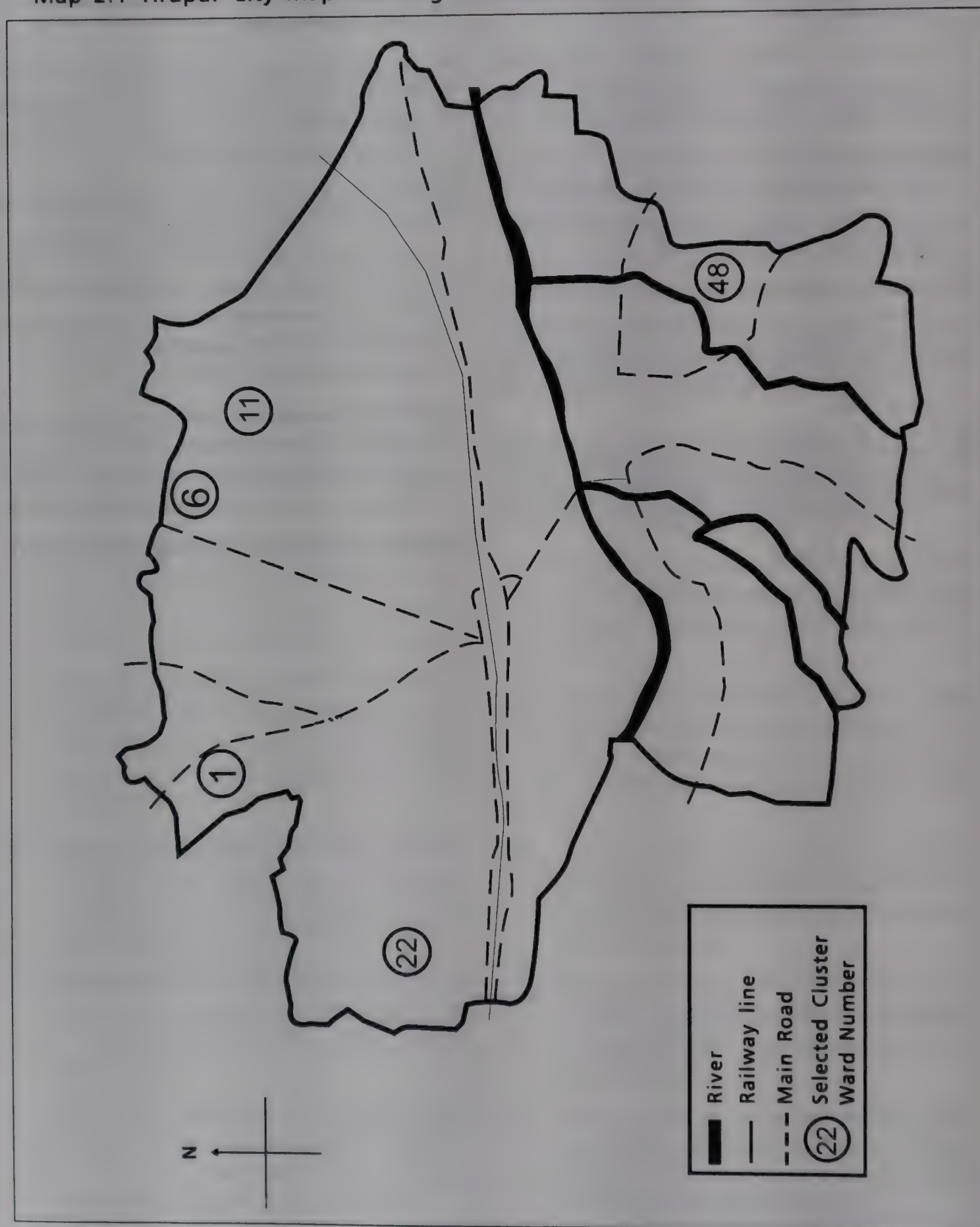
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Annexure 1

Map 2.1 Tirupur City Map Showing the locations of selected clusters of wards



Annexure 2

Tables

Table 1: Details of respondents who participated in in-depth interviews (N=20)

Migrant status	Current age	Place of stay	Age at first sexual encounter	Form of first sexual act	Type of first sexual partner
Non – migrants	18: 2 20: 1 23: 1	Home: 4 Room: 0	13: 1 16: 1 17: 1 20: 1	Masturbation/: 2 caressing breasts, hips, thighs: 2	Self: 2 Girlfriend:1 Co-worker:1
Migrants	18: 1 19: 3 20: 2 21: 2 22: 4 23: 2 24: 2	Home: 4 Room: 12	10: 1 11: 1 12: 1 14: 3 15: 5 16: 2 18: 2 19: 1	Deep kissing/ hugging:2 Self masturbation: 8 Vaginal intercourse:4 Homosexual oral sex with same gender:1 Heterosexual anal sex: 1	Self :8 Co-worker:2 Lover :2 Relatives:1 Neighbours:3

Table 2: Work and other background characteristics by migrant status

Work, related aspects, and other background characteristics of the respondents	Non-Migrant workers		Migrant workers		Total	
	%	No.	%	No.	%	No.
Type of work***						
Asst. to tailor and related work	28.8	130	26.9	146	27.7	276
Tailor and related work	54.9	248	40.7	221	47.1	469
Cutting/ironing and related work	11.3	51	25.6	139	19.1	190
Supervisor and white collar work	5.1	23	6.8	37	6.0	60
Work experience (in years)***						
1 - 2	24.3	110	50.3	273	38.5	383
3 - 4	31.4	142	30.8	167	31.1	309
5 +	44.2	200	19.0	103	30.5	303
Wages on shift/piece rate basis**						
Shift rate	69.9	316	61.9	336	65.5	652
Piece rate	30.1	136	38.1	207	34.5	343
No. of working hours per day***						
6 - 8	16.2	73	10.1	55	12.9	128
9 - 10	23.9	108	18.2	99	20.8	207
11 +	60.0	271	71.6	389	66.3	660
Career options in near future***						
Tailor and related work	27.9	126	23.9	130	25.7	256
Business / self-employed	60.8	275	50.5	274	55.2	549
Any permanent job	11.3	51	25.6	139	19.1	190

(Continued....)

(Table 2: Work and other Continued....)

Work, related aspects, and other background characteristics of the respondents	Non-Migrant workers		Migrant workers		Total	
	%	No.	%	No.	%	No.
Religiosity (Index)*						
Less religious (0-3)	59.1	267	66.1	359	62.9	626
More religious (4-6)	40.9	185	33.9	184	37.1	369
Religiosity of the parents						
Not so religious@	43.4	196	41.8	227	42.5	423
Very religious	56.6	256	58.2	316	57.5	572
Frequency of exposure to mass media (Index)*						
Lower (0-6)	26.3	119	21.0	114	23.4	233
Moderate (7-8)	30.1	136	27.8	151	28.8	287
Higher (9-10)	43.6	197	51.2	278	47.7	475
Frequency of participation in leisure activities***						
Lower (0-2)	33.2	150	42.4	230	38.2	380
Higher (3-6)	66.8	302	57.6	313	61.8	615
Frequency of participation in activities that predisposed risk-related behaviour (Index)***						
Not participated (0)	24.6	111	14.2	77	18.9	188
Participated at lower level (1-4)	48.5	219	50.1	272	49.3	491
Participated at higher level (5-12)	27.0	122	35.7	194	31.8	316
No. of friends – boys						
<= 5	39.2	177	39.4	214	39.3	391
6 – 10	35.0	158	32.6	177	33.7	335
11+	25.9	117	28.0	152	27.0	269
No. of friends – girls						
0	52.7	238	58.0	315	55.6	553
1 – 5	29.2	132	24.9	135	26.8	267
6 +	18.1	82	17.1	93	17.6	175
No. of peers who participated in activities that predisposed high risk						
<= 4	42.0	190	37.2	202	39.4	392
5 – 9	34.3	155	36.6	199	35.6	354
10 +	23.7	107	22.2	142	25.0	249
Total	100.0	452	100.0	543	100.0	995

Note: * and *** = Chi-square results between migrant and non-migrant workers are significant at 0.05 and 0.001 levels, respectively. @ = 6 respondents whose parents are said to be "not religious" are included here. In the case of Indexes, figures in parentheses are actual range of scores

Table 3: Background characteristics of the respondents' parents by their migrant status

Background characteristics of the respondents' parents	Non-migrant workers		Migrant workers		Total	
	%	No.	%	No.	%	No.
Father's current age (in years)						
35 - 44	12.6	51	15.7	74	14.3	125
45 - 49	36.2	147	31.8	155	33.9	297
50 - 54	25.9	105	24.4	115	25.1	220
55 +	25.4	103	28.0	132	26.8	235
Mother's current age (in years)						
25 - 39	27.7	122	25.5	129	26.5	251
40 - 44	29.5	130	27.7	140	28.5	270
45 - 49	31.4	138	31.0	157	31.2	295
50 +	11.4	50	15.8	80	13.7	130
Father's educational status**						
Illiterate	25.9	105	29.3	138	27.5	241
Primary school	36.5	148	27.8	131	32.1	281
Middle school	22.2	90	20.0	94	20.9	183
High school and above	15.5	63	22.9	108	19.5	171
Mother's educational status						
Illiterate	45.2	199	46.2	234	45.8	433
Primary school	29.5	130	24.3	123	26.7	253
Middle school	15.2	67	15.8	80	15.5	147
High school and above	10.3	44	13.6	69	11.9	113
Father's occupational status***						
Not working	14.3	58	11.9	56	13.0	114
Daily wage worker	12.6	51	39.3	185	26.9	236
Tailor and other factory workers	29.1	118	12.1	57	20.0	175
Lower grade manual worker	13.1	53	15.5	73	14.4	126
Cultivators / business / white collar worker	31.0	126	21.2	100	25.8	226
Mother's occupational status						
Housewife	79.5	350	77.3	391	78.3	741
Daily wage worker	3.6	16	5.5	28	4.7	44
Tailor and other factory workers	13.6	60	11.7	59	12.6	119
Others	3.2	14	5.5	28	4.4	42
Father's monthly income (in Rs.)*						
No earnings	14.3	58	11.9	56	13.0	114
<= 1000	18.7	76	27.4	129	23.4	205
1001 - 1500	21.2	86	21.4	101	21.3	187
1501 - 2000	26.1	106	22.7	107	24.3	213
2001 +	19.7	80	16.6	78	18.0	158
Mother's monthly income (in Rs.)						
No earnings	79.5	350	77.3	391	78.3	741
<=1000	9.1	40	8.9	45	9.0	85
1001 +	11.4	50	13.8	70	12.7	120

Note: Analysis was done for 406, 471 and 877 fathers, and 440, 506 and 946 mothers who are alive at the time of survey in the case of non-migrant, migrant and total number of respondents, respectively.

Table 4: Mean scores (standard deviations) of the respondents' attitudes and misconceptions (Index) across their migrant status

Indexes on sexual attitudes and misconceptions	Non-Migrant workers	Migrant workers	Total
	N = 452	N = 543	N = 995
Sexual attitudes (Index)	11.975 (± 2.06)	11.779 (± 2.12)	11.868 (± 2.09)
Misconceptions (Index)**	8.47 (± 2.29)	8.86 (± 2.13)	8.68 (± 2.21)

Note: ** = F-Ratio is significant at .01 level.

Table 5: Differentials in mean scores of sexual attitudes (Index) and misconceptions (Index) across background characteristics and migrant status

Background characteristics of the respondents	Sexual attitudes (Index)			Misconceptions (Index)		
	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7
Current age						
15-19	11.75	11.44	11.62	7.92	8.25	8.06
20-24	12.20**	11.91**	12.02***	9.04***	9.11***	9.08***
Education						
Primary school	11.58	11.56	11.57	8.24	8.44	8.29
Middle school	12.05	11.53	11.78	8.49	8.45	8.46
High school and above	12.68***	12.04**	12.18***	8.96+	9.3***	9.23***
Monthly income (in Rs.)						
< 2000	11.30	11.59	11.46	7.49	8.55	8.5
2000 - 2999	12.00	11.71	11.85	8.60	8.77	8.69
3000 +	12.61***	12.01	12.24***	9.23***	9.21**	9.21
Religiosity (Index)						
Less religious	11.86	11.70	11.77	8.32	8.83	8.61
More religious	12.15	11.92	12.04*	8.69+	8.92	8.81
Religiosity of parents						
Not so religious	11.98	11.40	11.67	8.32	8.70	8.52
Very religious	11.97	12.05**	12.02**	8.59	8.97	8.80*
Exposure to mass media (Index)						
Lower	11.69	11.36	11.53	8.24	8.53	8.38
Moderate	12.25	11.94	12.08	8.61	9.06	8.85
Higher	11.95+	11.86*	11.90**	8.51	8.89	8.73*
Frequency of watching TV/ playing cards						
Less time	11.94	11.79	11.85	8.52	9.05	8.84
More time	11.99	11.77	11.88	8.45	8.72+	8.58+
Place of stay						
With family in a home	11.97	11.70	11.87	8.45	8.52	8.47
With peers in a room	12.00	11.85	11.86	9.00	9.17***	9.15***

(Continued....)

(Continued...)

Background characteristics of the respondents	Sexual attitudes (Index)			Misconceptions (Index)		
	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7
Type of work						
Tailor and related work	11.89	11.75	11.82	8.32	8.66	8.48
Supervisor and white collar work	12.41*	11.83	12.00	9.27***	9.27***	9.27***
Work experience (in years)						
1 - 3	11.72	11.76	11.75	8.05	8.74	8.51
4 +	12.15*	11.81	12.02*	8.76***	9.10+	8.89**
No. of working hours per day						
6 - 10	11.64	11.48	11.57	8.25	8.39	8.31
11 +	12.19**	11.89*	12.02***	8.62+	9.05***	8.87***
Career options in near future						
Tailor and related work	12.02	11.76	11.89	8.51	8.89	8.70
Any permanent job	11.63	11.81	11.76	8.19	8.76	8.61
Frequency of participation in activities that predisposed risk-related behaviour (Index)						
Not participated	11.49	11.57	11.53	7.48	7.61	7.53
Participated at lower Level	12.36	11.75	12.02	8.69	8.81	8.76
Participated at higher Level	11.73***	11.89	11.83**	8.98***	9.41***	9.25***
No. of friends – boys						
0 - 5	12.10	11.94	12.02	8.46	8.91	8.71
6 – 10	12.20	11.84	12.01	8.59	9.01	8.81
11+	11.48**	11.48+	11.48***	8.32	8.61	8.49
No. of friends – girls						
0	12.20	11.93	12.05	8.57	8.78	8.68
1 – 5	11.81	11.57	11.69	8.43	9.10	8.77
6 +	11.61*	11.56	11.58**	8.27	8.84	8.58
No. of peers who participated in activities that predisposed high risk						
<= 4	12.14	11.89	12.02	8.22	8.75	8.49
5 - 9	11.93	11.67	11.79	8.67	8.90	8.80
10 +	11.75	11.76	11.76	8.65	8.95	8.82+
Supervision of respondent's daily activities by father						
Lenient	12.12	11.69	11.89	8.55	9.00	8.79
Strict	11.77+	11.95	11.87	8.39	8.79	8.62
Supervision of respondent's daily activities by mother						
Lenient	12.20	11.73	11.95	8.58	9.00	8.80
Strict	11.71**	11.91	11.82	8.36	8.72	8.56+
Knowledge of reproductive and sexual health (Index)						
Low	11.90	11.89	11.89	8.56	8.88	8.73
High	12.19	11.83	11.98	8.89	8.96	8.93

Note: NMW = Non-migrant workers; MW = Migrant workers. +, *, **, and *** = F-Values between the mean scores of each variable are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

Table 6: Determinants of respondents' sexual attitudes (Index) and misconceptions (Index) across their migrant status
(Beta coefficients and t-values based on multiple regression analysis)

Background characteristics of the respondents	Sexual attitudes (Index)			Misconceptions (Index)		
	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7
Current age	0.120*	0.174***	0.159***	0.122*	0.101*	0.114***
Education	0.139**	0.065	0.106**	- 0.036	0.154***	0.061
Type of work	- 0.024	- 0.090*	- 0.061+	0.042	0.039	0.049
Monthly income (in Rs.)	0.146**	- 0.049	0.023	0.003	- 0.032	- 0.006
No. of working hours per day	0.064	0.070	0.075*	0.039	0.096*	0.069*
Religiosity (Index)	0.011	0.001	- 0.003	- 0.011	- 0.033	- 0.027
Religiosity of parents	0.019	0.200***	0.124***	0.121*	0.100*	0.112***
Father's supervision	- 0.042	0.000	- 0.024	- 0.057	- 0.019	- 0.031
Exposure to mass media (Index)	0.013	0.086	0.051	- 0.057	- 0.028	- 0.036
Frequency of watching TV/films and playing cards	0.039	- 0.035	0.002	0.007	- 0.055	- 0.036
Career options in near future	- 0.094*	0.002	- 0.030	- 0.042	- 0.050	- 0.047
No. of friends – boys	- 0.228**	- 0.226**	- 0.211***	- 0.022	- 0.186*	- 0.115+
No. of peers who participated in acts that predisposed high risk	0.140	0.192*	0.153**	0.017	0.200	0.120+
Frequency of participation in activities that predisposed risk related behaviour (Index)	- 0.171**	0.025	- 0.050	0.136*	0.165***	0.155***
Knowledge of reproductive and sexual health (Index)	0.046	- 0.051	- 0.023	0.068	- 0.063	0.001
Sexual attitudes (Index)	—	—	—	0.074	0.050	0.062+
Migrant status	—	—	- 0.099**	—	—	- 0.017
R ²	11.0	9.3	7.5	9.8	12.6	10.1
N	379	463	843	379	463	843

Note: *** = p<0.001; ** = p<0.01; * = p<0.05; + = p<0.10.

Table 7: Mean scores (standard deviations) of respondents' gender-specific attitudes (Index) and misconceptions (Index) about sex and sexuality across their migrant status

Gender-specific attitudes and misconceptions about sex and sexuality	Non Migrant workers	Migrant workers	Total
	N = 452	N = 543	N = 995
Gender-specific attitudes about sex and sexuality (Index) ⁺	1.644 (±1.04)	1.757 (±1.05)	1.705 (±1.05)
Gender-specific misconceptions about sex and sexuality (Index)	2.533 (±0.89)	2.565 (±0.92)	2.551 (±0.90)

Note: + = F-Ratio is significant at 0.10 level.

Table 8: Differentials in respondents' gender-specific attitudes (Index) and misconceptions (Index) about sex and sexuality by their background characteristics and migrant status

Background characteristics of the respondents	Gender-specific attitudes about sex and sexuality (Index)			Gender-specific misconceptions about sex and sexuality (Index)		
	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7
Current age						
15-19	1.62	1.78	1.69	2.48	2.49	2.49
20-24	1.66	1.75	1.71	2.58	2.59	2.59 ⁺
Education						
Primary school	1.63	1.65	1.64	2.47	2.69	2.52
Middle school	1.71	1.79	1.75	2.65	2.62	2.64
High school and above	1.48	1.75	1.69	2.35 ^{**}	2.49	2.46 ^{**}
Monthly income (in Rs.)						
< 2000	1.62	1.67	1.65	2.32	2.59	2.47
2000 - 2999	1.57	1.65	1.61	2.58	2.49	2.54
3000 +	1.83 ⁺	1.97 ^{**}	1.92 ^{***}	2.65 ^{**}	2.64	2.65 ⁺
Religiosity (Index)						
Less religious	1.60	1.69	1.65	2.49	2.47	2.48
More religious	1.71	1.89 [*]	1.79 [*]	2.58	2.75 ^{***}	2.67 ^{***}
Religiosity of parents						
Not so religious	1.51	1.74	1.64	2.73	2.76	2.75
Very religious	1.75 ^{**}	1.77 ⁺	1.76 ⁺	2.38 ^{***}	2.42 ^{***}	2.40 ^{***}
Exposure to mass media (Index)						
Lower	1.84	2.00	1.92	2.66	2.71	2.68
Moderate	1.89	2.07	1.99	2.59	2.76	2.68
Higher	1.35 ^{***}	1.49 ^{***}	1.43 ^{***}	2.42 [*]	2.39 ^{***}	2.41 ^{***}
Frequency of watching TV/ playing cards						
Less time	1.85	2.08	1.99	2.74	2.78	2.76
More time	1.54 ^{***}	1.52 ^{***}	1.53 ^{***}	2.43 ^{***}	2.41 ^{***}	2.42 ^{***}
Place of stay						
With family in a home	1.64	1.69	1.66	2.53	2.58	2.55
With peers in a room	1.73	1.81	1.81 [*]	2.55	2.55	2.55
Type of work						
Tailor and related work	1.65	1.73	1.69	2.51	2.57	2.54
Supervisor and white collar work	1.64	1.81	1.76	2.66	2.56	2.59
No. of working hours per day						
6 - 10	1.46	1.47	1.47	2.48	2.53	2.50
11 +	1.76 ^{***}	1.87 ^{***}	1.83 ^{***}	2.57	2.58	2.57
Career option in near future						
Tailor and related work	1.67	1.69	1.69	2.53	2.56	2.55
Any permanent job	1.41 ⁺	1.93 ^{**}	1.79	2.55	2.58	2.57

(Continued....)

Background characteristics of the respondents	Gender-specific attitudes about sex and sexuality (Index)			Gender-specific misconceptions about sex and sexuality (Index)		
	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7
Frequency of participation in activities that predisposed risk-related behaviour (Index)						
Not participated	1.59	1.43	1.52	2.26	2.44	2.34
Participated at lower Level	1.57	1.78	1.68	2.58	2.52	2.55
Participated at higher Level	1.84*	1.86**	1.85***	2.69***	2.68+	2.68***
No. of friends – boys						
0 - 5	1.89	2.19	2.06	2.67	2.67	2.67
6 – 10	1.51	1.64	1.58	2.54	2.70	2.63
11 +	1.44***	1.28***	1.35***	2.32***	2.26***	2.29***
No. of friends – girls						
0	1.75	1.94	1.86	2.67	2.65	2.66
1 – 5	1.71	1.68	1.69	2.49	2.60	2.55
6 +	1.31***	1.32***	1.31***	2.23***	2.29***	2.26***
No. of peers who participated in activities that predisposed high risk						
<= 4	1.72	1.82	1.77	2.54	2.61	2.58
5 - 9	1.52	1.82	1.69	2.62	2.59	2.60
10 +	1.69	1.58+	1.63	2.39	2.46	2.43*
Supervision of respondent's daily activities by father						
Lenient	1.61	1.59	1.60	2.63	2.58	2.60
Strict	1.68	1.93***	1.82***	2.39**	2.53	2.47*
Supervision of respondent's daily activities by mother						
Lenient	1.60	1.57	1.59	2.57	2.49	2.52
Strict	1.69	1.94***	1.83***	2.53	2.64+	2.59
Knowledge of reproductive and sexual health (Index)						
Low	1.89	1.99	1.94	2.56	2.67	2.62
High	1.42***	1.62***	1.54***	2.57	2.52+	2.54

Note: NMW = Non-migrant workers; MW = Migrant workers. +, *, **, and *** = F-Values between mean scores of each variable are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

Table 9: Determinants of respondents' gender-specific attitudes (Index) and misconceptions (Index) about sex and sexuality across their background characteristics and migrant status
(Beta coefficients based on multiple regression analysis)

Background characteristics of the respondents	Gender-specific attitudes about sex and sexuality (Index)			Gender-specific misconceptions about sex and sexuality (Index)		
	NMW	MW	Total	NMW	MW	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7
Current age	-0.058	0.005	-0.016	-0.018	0.031	0.013
Level of education	0.061	0.055	0.065	-0.054	-0.080	-0.076 ⁺
Monthly income (in Rs.)	0.069	0.106 ^{**}	0.086 ^{**}	-0.004	0.016	0.006
Religiosity (Index)	0.058	-0.066	-0.008	0.041	0.065	0.057 ⁺
Religiosity of parents	0.151 ^{**}	0.168 ^{***}	0.156 ^{***}	-0.151 ^{**}	-0.103 [*]	-0.126 ^{***}
Exp. to mass media (Index)	-0.156 ^{**}	-0.191 ^{***}	-0.166 ^{***}	-0.028	-0.040	-0.025
Frequency of watching TV/playing cards	-0.036	-0.098 [*]	-0.094 ^{**}	-0.137 ^{**}	-0.055	-0.094 ^{**}
Type of work	0.013	-0.056	-0.025	0.042	-0.017	0.006
No. of working hours per day	0.045	0.101 ^{**}	0.077 ^{**}	0.029	-0.041	-0.013
Career options in near future	-0.073	0.092 [*]	0.033	-0.022	0.000	-0.012
Freq. of participation in activities that pre-disposed risk-related behaviour (Index)	0.236 ^{***}	0.146 ^{***}	0.191	0.165 ^{**}	0.144 ^{**}	0.156 ^{***}
No. of peers participating in acti. that predisposed high risk	-0.060	-0.174 ^{***}	-0.122 ^{***}	-0.107 [*]	-0.109 [*]	-0.104 ^{**}
No. of friends – boys	0.017	-0.021	-0.005	-0.009	-0.039	-0.022
Father's supervision	-0.001	0.114 ^{**}	0.065 [*]	-0.099 [*]	-0.014	-0.056
Knowledge of reproductive and sexual health (Index)	-0.250 ^{***}	-0.160 ^{***}	-0.198 ^{***}	0.073	-0.082	-0.014
Migrant status	—	—	0.005	—	—	0.021
R ²	16.2	22.9	18.0	12.9	9.4	9.5
N	379	463	843	379	463	843

Note: NMW = Non-migrant workers; MW = Migrant workers. +, *, **, and *** = F-Values between mean scores of each variable are significant at 0.10, 0.05, 0.01, and 0.001 levels, respectively.

Table 10: Percentage distribution of respondents by their level of risk-related sexual behaviour across their background characteristics and migrant status

across their background characteristics and migrant status												
Background characteristics of the respondents	Non-migrant workers				Migrant workers				Total			
	Not at Risk	Low Risk	High Risk	Total	Not at Risk	Low Risk	High Risk	Total	Not at Risk	Low Risk	High Risk	Total
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8	Col.9	Col.10	Col.11	Col.12	Col.13
Current age												
15-19	81.7	12.7	5.7	229	71.1	11.9	17.0	159	77.3	12.4	10.3	288
20-24	65.9	22.9	11.2	223	55.7	22.7	21.6	384	59.5	22.7	17.8	607

Education												
Primary school	72.1	19.8	8.1	172	69.2	21.2	9.6	52	71.4	20.1	8.5	224
Middle school	72.2	18.0	9.8	205	60.3	17.0	22.7	229	65.9	17.5	16.5	434
High school and above	82.7	12.0	5.3	75	58.4	21.4	20.2	262	63.8	19.3	16.9	337

Monthly income (in Rs.)												
< 2000	85.2	12.2	2.6	115	68.5	13.4	18.1	127	76.4	12.8	10.7	242
2000 - 2999	75.7	15.0	9.3	226	36.9	16.6	19.5	241	69.6	15.8	14.6	467
3000 +	58.6	28.8	12.6	111	49.1	28.0	22.9	175	52.8	28.3	18.9	286

Religiosity (Index)												
Less religious	72.3	18.4	9.4	267	59.1	19.8	21.2	359	64.7	19.2	16.1	626
More religious	76.2	16.8	7.0	185	62.5	19.0	18.5	184	69.4	17.9	12.7	369

Religiosity of parents												
Not so religious	74.5	17.9	7.7	196	60.4	20.7	18.9	227	66.9	19.4	13.7	423
Very religious	73.4	17.6	9.0	256	60.1	18.7	21.2	316	66.1	18.2	15.7	572

Exposure to mass media (Index)												
Lower	79.0	13.4	7.6	119	57.9	14.9	77.2	114	68.7	14.2	17.2	233
Moderate	36.2	23.5	10.3	136	58.9	19.2	21.9	151	62.4	21.3	16.4	287
Higher	76.1	16.2	7.6	197	61.9	21.6	16.5	278	67.8	19.4	12.8	475

Frequency of watching TV/playing cards												
Less frequency	76.7	18.7	4.7	150	57.8	17.8	24.3	230	65.3	18.2	16.6	380
More frequency	72.5	17.2	10.3	302	62.0	20.8	17.3	313	67.2	19.0	13.8	615

Place of stay												
With family in a home	74.9	17.4	7.7	403	75.3	15.1	9.7	259	75.0	16.5	8.7	689
With peer in a room	54.5	22.7	22.7	22	46.5	23.6	29.9	284	47.1	23.5	29.4	306

Note: +, *, ** and *** = Chi-square results between the categories of level of risk-related sexual behaviour are significant at 0.10, 0.05, 0.001 and 0.001 levels, respectively.

(Continued....)

Correlates of high-risk sexual behaviour among never-married male industrial workers in Tirupur

(Continued....)

Background characteristics of the respondents	Non-migrant workers			Migrant workers			Total		
	Not at Risk	Low Risk	High Risk	Total	Not at Risk	Low Risk	High Risk	Total	Not at Risk
Col.1	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8	Col.9	Col.10
Type of work									
Tailor and related work	74.3	17.7	7.9	378	63.2	18.5	18.3	367	68.9
Supervisor and white collar work	71.6	17.6	10.8	74	54.0	21.6	24.4	176	59.2
No. of working hour per day									
6-8	73.5	21.0	5.5	181	67.5	18.8	13.6	154	70.7
11+	74.2	15.5	10.3	271	57.3	19.8	22.9	389	64.2
Career options in near future									
Tailor and related work	74.8	17.0	8.2	401	61.1	20.0	18.8	404	68.0
Business / self-employed / any permanent job	66.7	23.5	9.8	51	57.6	18.0	24.5	139	60.6
Participation in activities that pre-disposed risk-related behaviour (Index)									
Not participated	94.6	5.4	--	111	93.5	2.6	3.9	77	94.1
Participated at lower level	78.5	15.5	5.9	219	66.5	15.1	18.4	272	71.9
Participated at higher level	46.7	32.8	20.5	122	38.1	32.5	29.4	194	41.5
No. of friends—boys									
0-5	73.4	19.2	7.3	177	58.4	20.6	21.0	214	65.2
6-10	72.2	20.9	7.0	158	62.7	20.3	16.9	177	67.2
11+	76.9	11.1	12.0	117	59.9	17.1	23.0	152	67.3
No. of friends—girls									
0	77.3	15.1	7.6	238	62.9	17.5	19.7	515	69.1
1-5	73.1	21.0	5.9	119	54.3	24.1	21.6	116	63.8
6+	66.3	20.0	13.7	95	58.9	20.5	20.5	112	62.5
No. of peers who participated in activities that predisposed high risk									
<=2	77.4	16.3	6.3	190	66.8	16.8	16.3	202	71.9
3-5	75.5	15.5	9.0	155	55.3	18.6	26.1	199	64.1
6+	65.4	23.4	11.2	107	57.7	24.6	17.6	142	61.0

(Continued....)

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Background characteristics of the respondents	Non-migrant workers				Migrant workers				Total			
	Not at Risk	Low Risk	High Risk	Total	Not at Risk	Low Risk	High Risk	Total	Not at Risk	Low Risk	High Risk	Total
	Col.2	Col.3	Col.4	Col.5	Col.6	Col.7	Col.8	Col.9	Col.10	Col.11	Col.12	Col.13
Col.1												
Knowledge about reproductive and sexual health (Index)												
	83.5 57.2	11.9 27.8	4.6 15.0	218 187	66.1 50.9	15.7 24.9	18.2 24.2	242 269	74.3 53.5	13.9 26.1	11.7 20.4	460 456
Progressive sexual attitudes (Index)												
	77.1 71.5	14.6 20.0	8.3 8.5	192 260	63.6 57.3	18.0 20.8	18.4 21.8	250 293	69.5 64.0	16.5 20.4	14.0 15.6	442 553
Accurate knowledge about misconceptions (Index)												
	81.0 66.8	11.9 23.5	7.1 9.7	226 226	67.8 54.5	15.9 22.3	16.3 23.2	233 310	74.3 59.7	13.9 22.8	11.8 17.5	459 536
Gender-specific attitudes about sex and sexuality (Index)												
	78.4 69.1	15.1 20.5	6.5 10.5	232 220	65.7 56.0	19.1 19.9	15.3 24.1	236 307	72.0 61.5	17.1 20.1	10.9 18.4	468 527
Father's education												
	72.4 75.0 72.5	18.1 18.9 17.6	9.5 6.1 9.8	105 148 153	55.1 64.1 59.4	21.7 19.1 18.8	23.2 16.8 21.8	138 131 202	62.6 69.9 65.1	20.2 19.0 18.3	17.3 11.1 16.6	243 279 355
Father's occupation												
	74.3 74.3 71.4	13.8 17.5 23.0	11.9 8.2 5.6	109 171 126	56.8 63.1 61.0	17.0 20.0 26.0	26.1 16.9 13.0	241 130 100	62.3 69.4 66.8	16.0 18.6 24.3	21.7 12.0 8.8	350 301 226
Monthly family income (in Rs.)												
	75.5 76.3 68.3	14.1 16.0 25.0	10.4 7.7 6.7	163 169 120	61.7 62.9 55.1	15.4 16.7 28.5	22.9 20.4 16.7	201 186 156	67.9 69.3 60.9	14.8 16.3 26.8	17.3 14.4 12.3	364 355 276
Father's supervision of respondent's daily activities (Index)												
	75.3 69.8	16.2 22.1	8.5 8.1	271 149	59.3 58.0	19.3 21.2	21.3 20.7	300 193	66.9 63.2	17.9 21.6	15.2 15.2	571 342

Annexure 3

Details of computing various Indexes

Name of the Index / factors / items	Responses	Scores	Score range	Mean (SD \pm)	Categories (score range)
Religiosity Performing <i>puja</i> at home No. of times visiting place of worship Observing religious fasting	No Sometimes Regular Not at all Occasionally Weekly/daily Never Rare Often	0 1 2 0 1 2 0 1 2	0 - 6	3.30 (± 1.35)	Less religious (0 - 3) More religious (4 - 6)
Frequency of exposure to mass media Reading newspapers Watching movies Watching TV / cable TV Listening to radio	Never Occasionally Frequently	0 1 2	2 - 10	7.82 (± 1.77)	Low (0-6) Moderate (7-8) High (9-10)
Viewing TV/movies/playing cards Viewing TV Watching movies Playing cards for gambling	Never Rare Often	0 1 2	0 - 6	3.60 (± 0.87)	Less (0-2) More (3-6)
Frequency of participation in activities that predisposed risk-related behaviour Playing cards for gambling Chewing tobacco / Pan Parag Smoking <i>bidis</i> / cigarettes Drinking alcohol Watching pornographic films / websites Reading pornographic literature	Never Occasionally Frequently	0 1 2	0 - 12	3.31 (± 2.42)	Not Parti. (0) Low (1-4) High (5-12)
No. of peers who participated in activities that predisposed higher risk Reading pornographic literature Browsing pornographic sites Drinking alcohol Use of drugs Watching pornographic films	As given in numbers	Actual number	0 - 13	6.12 (± 3.95)	Few (0 - 2) Small (3 - 5) Large (6 - 46)
Level of supervision by father/mother Talking to adolescent boys/girls in neighbourhood Going to cinema with adolescent girls/boys Going to the house(s) of neighbours for chatting/watching TV Watching cable TV late at night Going on a picnic without permission Number of friends coming home without permission Going to party/dinner with boys/girls without permission Playing games and coming late in the evening	Lenient Strict	0 1	0 - 8	Father's 3.92 (± 1.89) Mother's 4.31 (± 1.84)	Father's Lower (0-4) Higher (5-8) Mother's Lower (0-4) Higher (5-8)

Name of the Index / factors / items	Responses	Scores	Score range	Mean (SD \pm)	Categories (score range)
A. Knowledge of reproduction and sexuality Reproductive age for boys " " " " for girls Bodily changes after attainment of age among boys (growth of moustache / beard) " " among girls (growth of breasts) No. of days each menstruation lasts for girls Day of releasing egg in a menstrual cycle Knowledge of safe period Age attainment for boys " " " " girls Wearing dhotis by boys " " saris by girls Safe sex means using condoms	Accurate knowledge Otherwise	1 0	 0 - 10	 5.12 (± 2.01)	 Actual score is used for analysis
B. Knowledge of various forms of sexual activities Deep kissing Biting the neck, hugging Self masturbation Homosexual masturbation Heterosexual masturbation Caressing of breasts Caressing hips / thighs Sex between thighs Vaginal intercourse Homosexual oral sex Heterosexual oral sex Homosexual anal sex Heterosexual anal sex	No Yes	0 1	 2 - 13	 10.45 (± 2.9)	 Actual score is used for analysis
C. Knowledge of HIV / AIDS Modes of transmission Sexual intercourse with prostitutes Blood transfusion Infected mother to child Sexual intercourse with males without condom Intravenous drug use (needles) Razors Oral sex Mosquito bite Kissing a person who suffers from AIDS Heterosexual intercourse with condoms Ways in which people can avoid AIDS Having sex only with one partner Avoiding sex with prostitutes Using condoms during sex Avoiding contaminated needles / blood transfusion Avoiding sex with homosexuals Abstaining from sex Resorting to masturbation	 } No Yes } } No Yes } } No Yes } } No Yes }	 0 1 1 0 0 1 0 1 	 7-17	 12.62 (± 1.51)	 Actual score is used for analysis

(Continued....)

(Continued....)

Name of the Index / factors / items	Responses	Scores	Score range	Mean (SD \pm)	Categories (score range)
D. Knowledge of STDs and related issues: Awareness about STDs Burning pain during urination Pus discharge from the penis Itching in the around genital region Wound / swelling in penis Ulcer in penis Inguinal swelling	No Yes	0 1	2 - 9	6.15 (± 2.03)	Actual score is used for analysis
Ways in which one can prevent STD infections Avoiding sex with persons who have STDs infections Avoiding sex with multiple partners Using condoms during sexual intercourse Washing (or keeping clean) genitals after having sex Resorting to masturbation Adopting withdrawal method	No Yes No Yes	0 1 0 1			
E. Knowledge of reproductive and sexual health Issues -Total <i>(All the Items considered under indexes A + B + C + D)</i>	Responses elicited for all the items cited above	Scores as given for all the items cited above	18-43	34.77 (± 4.47)	Actual score is used for analysis

Name of the Index / factors / items	Responses	Scores	Score range	Mean (SD ±)	Categories (score range)
Sexual attitudes Boys can wear any dress they like, so as to expose their body Girls can wear any dress they like, so as to expose their body Society will seriously look down upon those boys who go out with many girls Society will seriously look down upon those girls who go out with many boys Boys have to be taught about sex before marriage Girls have to be taught about sex before marriage It is right for boys to masturbate It is right for girls to masturbate Parents will be a little bit lenient with boys involved in premarital sex Parents will be very strict with girls involved in premarital sex Boys mostly force girls to have sexual contacts Girls mostly force boys to have sexual contacts Boys should have experience in sex at least once before marriage Girls should have experience in sex at least once before marriage Only boys should feel free to initiate sexual activity Girls also should feel free to initiate sexual activity Boys can have multiple sex partners Girls can have multiple sex partners Boys can openly talk about sex Girls can openly talk about sex	Disagree and agree/neutral for both boys and girls Otherwise Agree/neutral for both boys and girls Otherwise Disagree for both and agree/neutral for girls Otherwise Disagree for both boys and girls Otherwise Agree/neutral for both boys and girls Otherwise		0-10	4.19 (1.61)	Actual score is used for analysis (Here higher the score, higher would be the level of liberal attitudes or progressive thinking towards sex and related aspects and vice versa)

(Continued....)

(Continued....)

Name of the Index / factors / items	Responses	Scores	Score range	Mean (SD \pm)	Categories (score range)
Misconceptions Men are sexually more powerful (than women) Women are sexually more powerful (than men) Only men really enjoy sex and get pleasure Women do not really enjoy sex and get pleasure Boys who have a good physique will be able to perform sex well with their partners Girls who have a good physique will be sexually very active with their partners Too much of sex leads to physical weakness among men Too much of sex leads to physical weakness among women Man with a bigger penis satisfy women sexually in a better way Woman with bigger breasts satisfy the man sexually in a better way	Agree for both men and women Otherwise	0 1	2-9	5.45 (1.25)	Actual score is used for analysis (Here, higher the score, higher would be the level of accurate knowledge of misconceptions and vice versa)
Men are responsible for transmitting Sties/ HIV Women are responsible for transmitting STIs/HIV Homosexual sex would spread STIs Heterosexual sex would spread STIs	Disagree for men but agree/neutral for women Otherwise	0 1			
Men have more sexual feelings / urge Women have more sexual feelings/urge	Agree / neutral for both men and women Otherwise	0 1			
Only men ejaculate Women also ejaculate like men	Disagree / neutral for both men and women Otherwise	0 1			

(Continued....)

Name of the Index / factors / items	Responses	Scores	Score range	Mean (SD \pm)	Categories (score range)
Gender-specific attitudes about sex and sexuality Boys / girls can wear any dress they like, so as to expose their body Parents will be little lenient / strict with those boys / girls who are involved in premarital sex Boys / girls should have experience in sex at least once before marriage Boys / girls mostly force the girls / boys to have sexual contacts Boys / girls can talk about sex openly	Either conservative or liberal for both boys and girls Otherwise (conservative for boys and liberal for girls or liberal for boys and conservative for girls)	0 1		1.71 (± 1.05)	Actual score is used for analysis
Gender-specific misconceptions about sex and sexuality Women / men do not / do really enjoy sex and get pleasure Women / men are responsible for transmitting STIs/HIV Women / men have more sexual feelings / urges Too much of sex leads to physical weakness among men / women Men / women ejaculate	Either conservative or liberal for both boys and girls Otherwise (conservative for boys and liberal for girls or liberal for boys and conservative for girls)	0 1		2.551 (± 0.90)	Actual score is used for analysis

Annexure 4

Case studies of sexual experiences: 20 in-depth interviews

4.1 Introduction

For some respondents, the circumstances of the first sexual intercourse were unusual. What were these circumstances? Qualitative data obtained through in-depth interviews, is presented in this chapter. Four non-migrant and 16 migrant workers were interviewed based on their age at first sex act and different forms of sexual encounters. The information here is mainly about the circumstances that led the respondent to participate in his first sexual encounter.

4.2 Interviews with non-migrant workers

4.2.1 Interview 1: age 18, tailor, studied up to standard 6, living with family

The respondent's first experience of masturbation was at the age of 13. He learned about masturbation from friends. He masturbated at least once a week, at times after watching a pornographic film. At the age of 15, he had vaginal intercourse with his niece, a year older, in his father's village. Although the partner was reluctant, he was persistent and talked her into compliance. He bought her gifts worth Rs. 3000. On the day the intercourse occurred, she was alone at her house. He initiated foreplay and she consented. However, he didn't repeat the encounter.

At the age of 17, he had four different sexual experiences. The first was homosexual masturbation with an unknown man in a cinema theatre. His next experience was also masturbation, again in a cinema theatre, with a eunuch. This was followed by anal and oral sex with the eunuch on different occasions. The fourth time was at age 17, with a 16-year-old female co-worker. While dropping her home after a night shift, he expressed a desire to have sex with her. According to him, she readily accepted. The next day they went to see the night cinema show. During the interval, at about 11.30 p.m., they went to a shed near his house where they participated in vaginal intercourse three times. Though the encounter was

planned, the respondent did not use condoms and the girl became pregnant. The respondent gave her pills, bought from a medical store, to induce abortion.

At the age of 18 the respondent had sex with a sex worker. This happened when he visited Bangalore with two friends and they arranged for a sex worker to visit their hotel room. Another incident at age 18 occurred in his village, this time with a married woman (aged 20) who was a neighbour. He was alone at home and cooking. He called this woman to help. While cooking, he said the woman began touching him and this eventually led to sexual intercourse. This was repeated on two more occasions. The respondent said he did not like to use condoms because they reduced his "sexual joy." In future, he hoped to have sex only with girls or women who he knew. He said the opportunities existed because girls he knew were ready to have premarital sex and married women were also willing.

4.2.2 Interview 2: age 19, cutting master, studied up to standard 12, living with family

A co-worker, an accountant, aged about 20, was a friend when the respondent was 17. She would call him to her office and assign him minor tasks. One day, she asked him to bring lunch from a restaurant and said they would eat together in the office. Because the office room was very small, they sat side by side to eat. While eating she discussed matters related to sex. She praised him for being a good boy who did not know about such things. She said that boys should have some experience in sex before marriage, only then can they satisfy their wives. After lunch she expressed her desire to have non-coital sex with him. He was not interested. However, she placed her hand on him and kissed him. Frightened, the respondent did not do anything. The girl caressed him and asked him to caress her breasts by placing his hands on them. He could not do anything and left the place in fear. After this, he tried to avoid her. She got married three months later and left the job.

At the age of 18, the respondent joined another company. He fell in love with a co-worker, a 17-year-old girl. He proposed, she accepted. One day he went to her house when she was alone. They talked for a long time and slowly he started to touch and caress her stomach. Excited, she didn't object. He kissed her and hugged her, and caressed her breasts, hips and thighs. She reciprocated but requested him not to have intercourse.

The respondent plans to marry this girl after she completes her studies. Whenever he is aroused, he masturbates. He said, "Masturbation is better than having sexual intercourse, which is risky for the girls." According to him, 80 per cent of the working girls in Tirupur were "not good." The girls were forced to work because of their family's economic condition. They stayed in rooms and were free from parental restrictions. This led to premarital sex, he said.

4.2.3 Interview 3: age 22, cutting master, studied up to standard 10, living with family

At the age of 19, the respondent learned about masturbation from friends. He would masturbate when the desire arose. At the same age, he had sexual intercourse with a female co-worker, aged 18. It was usual practice for the workers to do night shifts and sleep in a room in the factory. The day of the incident, four of his friends and the girl were resting in the same room. His friends, who had had sex, encouraged him to have sex with the girl sleeping in the same room. The friends said, "In Tirupur most of the working ladies have the desire to have sex with boys, so why don't you try?" They cooperated by going out for a cup of tea. The respondent approached the girl, touched her and shook her. She pretended to be asleep. He started pressing her breasts and began foreplay. He said, "The girl was co-operative and she kept quiet during the whole process." The next afternoon she told him not to repeat what had happened the night before.

After this incident, he moved to another job. Ten days later he learned that the girl had resigned. He did not have similar sexual experiences with any other girls. However, he said he would like to repeat the experience, preferably with a co-worker. He said, "Most of the girls who work in hosiery factories in Tirupur are not virgins. There is not even any guarantee

that a woman will not have extramarital sex with co-workers or neighbour for money."

4.2.4 Interview 4: age 23, tailor, studied up to standard 6, living with family

At the age of 20, the respondent fell in love with a 19-year-old girl. He sent her love letters and a relationship formed. The relationship continued for about a year. Because the two worked in the same factory, they could often meet and talk. At times after the night shift, the respondent would accompany the girl to her house. On one such occasion he expressed his sexual desires for her. He said, "While passing along a small dark lane on the way to her house, I hugged her, kissed her deeply, and caressed her breasts. She did not resist." He did not repeat the physical intimacy because he thought it might be best to wait for the two to get married.

Meanwhile, the girlfriend went on leave because of her sister's wedding and the respondent could not meet her for a while. At the same time, he moved to a better job. He would go to his former factory and wait outside for a long time, to try and meet the girl. He heard that she was having a relationship with an electrician at the former factory. She later eloped with the electrician. This made the respondent extremely upset. He said this experience changed his opinion about girls. He began to believe they couldn't be faithful.

He said, "Most of the working girls in Tirupur's hosiery factories are bad characters. Many have sex for money, for promotion, to get less burden of work from their immediate supervisors." He said he hoped to have sex with any known girl working in the same factory by establishing a relationship with her. He was waiting for such a girl.

4.3. Interviews with migrant workers

4.3.1 Interview 1: age 18, working on tailoring-related tasks, just literate, living in a rented room

The respondent's first heterosexual intercourse occurred at the age of 12 with a girl of 13. While they are playing at her home, in the absence of their parents, he asked her remove her dress. He also undressed and started to kiss, hug, and caress her, and touch her genitals. The respondent said, "The girl embraced me. She held my sexual

organ, put it into hers and screamed for intercourse. I did this to her fullest satisfaction but I did not have a feeling of ejaculation." The intercourse occurred two more times with the same girl. When the respondent was 14, his stepfather forcibly made the boy masturbate him and in turn the stepfather masturbated the boy. This taught the respondent about masturbation.

He had another heterosexual intercourse at the age of 14 in his father's village, when the family visited his aunt's house for a family occasion. The respondent said, "A girl aged about 19 years, who lived next to my aunt's house, called me to her house for a cup of tea. She expressed a desire to have sex with me because she had not had sex for six months. Her husband was working in Singapore. Before I could respond, I was almost dragged into her bedroom. She removed my clothes as well as hers within seconds. Then she pounced on me and dictated what I should do. Finally, she asked me to have intercourse with her. I really enjoyed that. She taught me everything about sex and about how to behave with a girl at that time. I had some pain after the intercourse, which subsided after two days."

After moving, the respondent had not had sex. He continued to masturbate after seeing pornographic films. He said he focused on the economic situation of his family and his work. In his opinion Tirupur gave opportunities to boys and girls to get acquainted because most of them worked in hosiery units. This he said naturally led to premarital and extra-marital relations. Boys, he said, could do what they liked because of their independent income and also because they lived away from parental control. Girls, he said, were lured by money and were attracted to boys for petty favours at the workplace.

4.3.2 Interview 2: age 19, tailor, studied up to standard 10, living in a rented room

The respondent's first sexual intercourse was planned. At the age of 14, he began to masturbate. At the age of 15, he developed a close friendship with a girl. He expressed a desire to have sexual intercourse with her. The girl, according to the respondent, seemed interested too, but apprehensive. He began to talk frequently with her about sex and related matters. He said, "She enjoyed such conversations, but warned me not to talk about

such things." The respondent persisted. One day they met behind a haystack and he kissed her. When she did not object, he caressed her breasts. She did not allow him to have intercourse because she was afraid of becoming pregnant. He continued foreplay during subsequent meetings at the haystack. Finally, he convinced the girl to have sexual intercourse.

According to him, "Both of us enjoyed it a lot and decided to continue. Thereafter the girl voluntarily invited me several times for sex. We continued for about three years." The two could not get married due to reasons in their families. The girl married someone else in the same village. The respondent was terribly upset. But whenever he visited the village after her marriage, they would meet each other for non-coital sexual acts. The respondent said, "I did not have sex with any other girl because of my deep love for this girl. Once or twice a month, I masturbate. At times, I watch adult films."

"All types of sexual activities," the respondent said, "are liberally taking place in Tirupur. Only a few persons are not involved in such practices because of their good family background." He said that 90 per cent of young boys and girls were interested in sexual matters, and 50 per cent actually got involved in some direct act. He said, "About 12 hours of working together gives a lot of time to get acquainted. This leads to mutual attractions, conversations about sex, and then premarital sex."

4.3.3 Interview 3: age 19, job in printing section, studied up to standard 8, living in a rented room

The respondent was acquainted with 20-year-old girl working in the checking section of the same factory. She was also a neighbour and the two often went to work together and returned home together in the evening. Her parents liked the boy; he would occasionally help them financially. Once when he returned to his rented room, the girl's parents were leaving to urgently visit a relative. They locked the door, gave him the key and asked him to look after the house as well as their daughter. When the girl came back from work, the respondent wanted to make use of the opportunity. Fortunately, the girl asked him to share her dinner, which she brought to his room. After dinner the girl decided to sleep in his room, saying she was afraid of sleeping alone in her house. They talked for a long time in his room and



went to bed. The respondent tried to touch her and she initially resisted. However, he persuaded her to have sex. They didn't use a condom because they reasoned it was only their first time.

After this, the respondent tried to repeat the intercourse but the girl refused. The respondent said he wanted to have premarital and extramarital sex with as many girls and women as possible, but as far as possible with co-workers and their friends. He was waiting for the opportunity. He said, "If any one stays in Tirupur for a long time, definitely he has the opportunity to have sex with more than one girl. We cannot blame only boys for this; both boys and girls are responsible." According to the respondent, many young boys and girls who worked together also fell in love with each other or developed close friendships, which often led to sexual intercourse in many cases. After changing jobs, new friendships and sexual relations developed. This, he said, was a common pattern in Tirupur.

4.3.4 Interview 4: age 19, labourer in packing section, studied up to standard 10, living in a rented room

The respondent learned from his schoolmates about masturbation at the age of 14. He masturbated twice a week. He was satisfied with this and was not interested in pursuing other sexual acts. He had sex with a female classmate in his village. When he told her he loved her, she threatened to inform his parents. He tried again until she relented. When he went to her house once day, she was alone cleaning utensils sitting on the backyard floor. Her half-sari was askew and her breasts were exposed. She didn't correct this after the respondent arrived. The respondent was sexually aroused. He touched her breasts and when she did not object, he continued the foreplay. She cooperated in the sexual intercourse that followed.

Later he had sex with the same girl at a friend's house, when the friend went out to buy tea and snacks. Because both incidents were unexpected, the respondent didn't think of condoms or the possibility of pregnancy. Both decided not to have sex again until they got married. The respondent believed that most of the girls in Tirupur were not virgins. He was not tempted to have sex with any other girl. He said he believed loving another girl would be a big sin for which he would be punished.

4.3.5 Interview 5: age 20, tailor, studied up to standard 7, living with family

At the age of 10, the respondent had his first sexual experience, anal sex, with a girl of the same age. He had watched dogs involved in coitus and thought sex was anal. He tried to experiment with the girl, a neighbour, who did not know anything about sex. He threatened the girl that if she told anyone she would face dire consequences. At the age of 14, he learned masturbation.

At the age of 14, he also had sexual intercourse with a girl of 13, a neighbour and a junior in the school. A relative's house was opposite the girl's house. The respondent often visited his relative's house and he got acquainted with the girl. She liked to read pornographic books and the two started a book exchange. He started to visit her house and talked about his desire to have sexual intercourse with her. He had kept condoms ready and was waiting for a chance. One day, when he went to her house, she was alone and watching television. He sat very close to her, tried to touch her and, when she did not resist, convinced her to consent to further foreplay. They then had intercourse, using a condom. Three more episodes of intercourse followed with the same girl in the backyard or in her house.

He shifted with his parents to Madurai for six months when he was 17. There he met a girl aged 15, who lived next to his house. They would talk a lot and go out together. One day he went to her house and convinced her to accompany him to a park, where he persuaded her to have sex with him. He convinced her to spend the day with him in a lodge. He booked a room for Rs. 500. They watched an English film on television, and then he asked her to bathe. When she came out from the bathroom, after some foreplay, they had intercourse. He did not use a condom. He planned to marry this girl but she died in a road accident two months after this incident.

The respondent's next sexual experience took place at the age of 18 in Mumbai. He had gone to Mumbai with three workers. The group engaged a broker to take them to a brothel. They paid Rs. 500 each. At the brothel each of them was asked to select a woman and go to separate rooms. The sex worker selected by the respondent was about 25. She stimulated him with oral sex asked him to wear a condom before intercourse. He paid her an additional Rs. 100.

4.3.6 Interview 6: age 20, working in a packing section, studied up to standard 10, living in a rented room with his brother

At the age of 18, the respondent had his first sexual contact with a girl, who was 16. He said many girls were attracted to him because he was good-looking. He got close to one girl with the intention of having sex with her. One day, when most of the villagers were gathered for an event at the temple, the two met by the side of a village road. They kissed and performed non-coital sexual acts. However, they had to stop because someone walked by. Thereafter, the two did not meet intimately again.

Three months later, he met another girl, aged 20. One day, the respondent visited her house when she was alone. The two talked about sex. He sat near the girl and started to touch her thighs and breasts. She did not object. He kissed her and started to undress her. But a friend of the girl's came over and the two had to stop. Here too, neither the respondent nor the girl tried again. Because the respondent stayed with his brother he said he tried to control his sexual urges. But he said if he got a chance, he would have sex. About Tirupur he said, "About 50 per cent of the girls here are good and the remaining are bad. Boys and men spoil them, since they get ample chances to come close to girls and women at the workplace."

4.3.7 Interview 7: age 21, embroidery worker, studied up to standard 10, living with co-workers in a room at the factory

The respondent was forced by his niece, six years older, to have various non-coital sexual experiences at the age of 13. He was in standard 8 in his village at the time. When they were alone at her house, she asked him to touch her breasts, hugged him and kissed him, asked him to do the same to her, and began to masturbate him. He did not know much about sex, was afraid and ran out of her house. Thereafter, he would masturbate occasionally. He also began to watch pornographic films and read pornographic books for stimulation.

At the age of 15, he had sexual intercourse with a female classmate aged 15. She lived nearby and he often went to her house for help with studying. One day, her parents were not home and she was

cleaning the utensils. He said she was provocative in her clothes and body language. He hugged her and kissed her. She resisted but soon consented. He performed all sorts of non-coital sexual activities and then they had sexual intercourse. As this incident was unplanned, they did not use a condom. Two months later, when returning from school across the bamboo field, the two again had sex. This time he had planned it and had brought a condom, which he got from a classmate. He convinced her to have sex by showing her the condom and assuaging her fears of getting pregnant. He had not had any other sexual experience after that.

He said that in Tirupur almost 95 per cent of girls were likely to have had sexual relationships and he was therefore not interested in sex with any of them. He would prefer to have sex with a girl or woman from his village. He also said he did not want to spoil his good reputation in the factory. He was focusing on his family's poverty and the need for him to earn a good income.

4.3.8 Interview 8: age 21, compacting mechanist, studied up to standard 10, living in a rented room

The respondent's first sexual experience was masturbation at the age of 15, which he learned from schoolmates in his village. He said he stopped masturbating because it was not satisfying. His first heterosexual intercourse was at the age of 15, with a schoolmate aged 14. He gave the girl a love letter. She was not interested but he persisted and convinced her to have a relationship with him. They met behind the school, in fields, by the river. One day he hugged her but she objected. He convinced her about the pleasure of non-coital sex and told her such acts were not wrong because he was going to marry her. She agreed half-heartedly and the two had sexual exchanges like kissing, pressing the breasts, and stroking the thighs. Stimulated, she said she wanted to have vaginal intercourse. The relationship continued but the two did not have intercourse again, only non-coital sexual activities continued. The respondent said he would soon be marrying this girl because both of them belonged to the same caste and socio-economic backgrounds.

The respondent had another sexual experience when he was 17, with a married woman, who was 25 and a distant relative. She was

temporarily staying with her mother in the same village as the respondent's. One day, when he went to meet her, she was alone, watching television. He sat very close to her and started to touch her. She too started to talk about sex and expressed a desire to have sex with him. Intercourse followed. Two more such incidents occurred, but then she left the village.

A year later, he had sex with a widow, aged 26, who had lost her husband four years ago. He said, "The woman would come to me for help to find a job vacancy and so on. One day I saw her half-naked while she was bathing in the river. I approached her and expressed the desire to have sex. With little hesitation, she accepted we had sexual intercourse near a bush. Two or three times after this, I met her at her house, but she only agreed to non-coital sex, fearing that frequent sexual intercourse would lead to pregnancy. This affair ended when I came to Tirupur."

In all the instances, the respondent did not use condoms because he said he did not think about it. The respondent said he did not want to repeat premarital sexual experiences and wanted to have sex only after getting married. According to him, 50 per cent of the women in Tirupur were "good" and it was difficult to tell if the other 50 per cent were virgins because they had many chances to meet and get close to boys.

4.3.9 Interview 9: age 22, working as a printer, studied up to standard 8, living in a rented room

The respondent's first sexual act was masturbation when he was 11. He had anal sex with a friend while they went on a trip. He caressed the hips and thighs of a maid when he was 16. He paid her Rs. 10 for the experience. All this happened in his village.

In Tirupur, his first sexual intercourse at the age of 19 was with a co-worker, about 16. He visited her house often and they fell in love. Her parents treated him like a family member. One day she was alone at home. While talking, the girl hugged and kissed the respondent. She touched his genitals. He reciprocated. The two had sexual intercourse. Then onwards, they had sex whenever they got the chance, over a period of two years. Once she had problems with menstruation and thought she was pregnant. He prepared and gave her an indigenous medicine

made from a powder of mustard, pepper and sugar. She began to menstruate again. After this they did not have sex again but continued non-coital sexual activities. Later, her family shifted and the relationship came to an end.

His second sexual intercourse was with a married woman, older than him by 10 years. She lived with her husband and a child opposite his room. She was friendly and would occasionally offer him food. The women would observe his half-naked body when his door was open. She told him this. He teased her by saying, "What is new in my body, you know a man's naked body, since you are a married woman. But if you want, I would like to give sexual pleasure to you." The two then had sexual intercourse whenever they could. After a few months, the woman and her family members moved to another place in Tirupur.

At the age of 21, the respondent visited a brothel and had sex with a sex worker. He visited the brothel three times with his friends. He paid Rs. 300 each time and he used condoms every time. Six months after the last visit, he began to itch in the genital area. Small boils appeared on his penis. The respondent panicked, thinking about HIV/AIDS. He went to his village and visited a doctor, along with his father. He did not tell his father anything about visiting a brothel. But he told the doctor. A blood test showed no HIV infection. The doctor suggested remedies. After this, the respondent decided not to have sex with any unknown woman. But he wanted to continue having premarital sex with any known woman, depending upon her willingness.

4.3.10 Interview 10: age 22, tailor, studied up to standard 8, living in a small room

The respondent fell in love with a co-worker. Both were 17 and thinking of getting married after some time. On a short trip to Ooty, they stayed overnight in a lodge in Coonoor. They talked for a long time. The girl asked him if it was wrong to have premarital sexual intercourse. He said it was alright if both partners consented. The girl then said this was a good opportunity. They talked about the possibility of the girl becoming pregnant and tried to get a condom. But it was past midnight and the shops were closed. Intercourse followed without a condom. After this, the respondent said he tried to marry the

girl but her parents did not allow it. The two were from different castes and the girl was supposed to be marrying a distant relative. The respondent thought of eloping but he didn't have the courage. The girl got married without her consent.

The respondent said he stopped thinking about women and sex after this experience. He said, "I know that there are many other things to do beyond sex." He worked very hard and earned enough to buy small room in Tirupur. He tried to live alone because he knew sharing the room would mean his roommates would compel him to watch pornographic films and tempt him to think about sex. His major goal was to start a small factory. He said, "Someone who wants to waste time will think about sex. Someone who wants to make good use of his time will work hard and earn money." He wanted to stand as an example by giving the least importance to sex. He said the social environment in Tirupur was not too bad and it was not true that 90 per cent of the boys and girls here were engaged in sexual activities. He wanted to get married in two or three years and would then satisfy his sexual desires with his wife.

4.3.11 Interview 11: age 22, tailor, studied up to standard 12, living in a rented room

The respondent learned about masturbation from friends when he was 15. He continued to masturbate occasionally. His first sexual experience was oral sex. At the age of 17, the respondent was admitted to a hospital for an appendectomy. When he wanted to urinate, he called the ward assistant, who was about 50. The assistant helped the respondent to urinate in the toilet but held his penis for a long time while pretending to wash him. Then he started to suck and squeeze his penis. The respondent said, "Initially, I was frightened, but it was pleasurable and I allowed him to continue till I ejaculated."

The respondent experienced sexual intercourse for the first time with a girl who lived next to his house. When he was 18 years old and she was 17, she started to signal sexual desire. One day, when nobody was home, she asked him to come over. He started to kiss her and after some foreplay the two had sexual intercourse. This was repeated on three other occasions. No condoms were used.

The respondent had sex with another girl whose field was near the respondent's village home. He was 21, she was 18. After moving to Tirupur for work, he decided to have sex with her when he went home on leave. He called her to the field and she came. He had brought along a condom. He expressed a desire to have sex with her. She refused. After continuous persuasion and explanation about the condom and its use against pregnancy, he had intercourse with her near the pump house. He had several condoms and had sex five more times that week. He said he did not love the girl and did not promise to marry her. He just fulfilled his sexual urge and she was also happy. The two then stopped meeting.

4.3.12 Interview 12: age 22, ironing master, studied up to standard 6, living in a rented room

The respondent learned masturbation from a friend when he was 19. At the age of 20, he had sex for the first time with a girl who was 18 and a neighbour. Almost all the villagers were at a temple event. The girl asked the respondent to come to her house to help with bringing down some heavy things from upstairs. The girl closed the door and insisted they have sex; otherwise she said she would tell the neighbours that he had molested her. He had sex with her, besides other non-coital sexual acts. He was then asked to go over to her house once a week, mostly on Saturday, when her parents would be away at the weekly market. However, her parents found out after the fourth time and informed the respondent's parents, who scolded him. The girl's parents quickly arranged for her marriage with another boy.

The respondent's next sexual experience was with a woman aged 26 years, who worked as an agricultural daily wage worker on the boy's family field. One day when the respondent was in the field while the woman was working, he said she looked at him with desire. They had sexual intercourse in the farmhouse. Then onwards, the respondent had sex with her whenever he had the desire. This arrangement continued at the time of the interview, whenever the respondent visited his village.

The respondent had another sexual experience with a widowed woman aged 27. When the respondent's house was under construction in

the village he met this woman at the site. She would often touch him. One day she asked him to come upstairs, after work. She hugged him and started to kiss him on his lips and other parts of his body. Intercourse followed then and on several occasions thereafter.

At the age of 21, he had another sexual experience with a married woman aged 30, again in his village. The incident happened at his farm, when he was watering the crops. When he went to switch off the motor, the woman was bathing at the pump. He said, "She unexpectedly pulled me into the water and hugged me. She asked me to go inside the motor room for sex." Sex with this woman was not repeated.

At the age of 22, the respondent had sex with a married woman who lived four houses away in Tirupur. She was a relative and about 23. One day when he went to her house she was alone and while talking, he touched different parts of her body. She did not show any displeasure. He said he wanted to have sex with her and she agreed.

The respondent never used condoms during sex with any of these women. He said some of the incidents were unexpected, and in the other cases neither he nor his partner thought it necessary to use a condom. He said, "I came to Tirupur to earn money and do not want waste money on girls. However, I would like to enjoy with women as much as possible, since a majority of the women are ready without much investment, both in my village and in Tirupur."

4.3.13 Interview 13: age 23, cutting master, studied up to standard 10, living in a room with relatives

The respondent's first sexual act was masturbation, which he learned after reading pornographic books and seeing pornographic films. His first sexual intercourse was with a co-worker in the private firm where he worked as an accountant in his hometown. Three months after he started the job, a girl was also appointed as an accountant. The respondent said he immediately fell in love with her. She used to ask him for work-related clarifications and after some months, they became friendly. He said that the work environment was conducive to privacy, because the owner would go out for lunch at 1.00 p.m. and return only by 4 p.m. The respondent and the girl would have lunch together. During this time, he would express his desires and

insist she have sex with him. But she was afraid. The respondent promised to marry her and the two had sex in the office. This was repeated three more times and every time the respondent gave the girl some pills provided by a friend in a medical store, which he said would help avoid pregnancy. At this time, based on an astrologer's advice, the respondent left the job and came to Tirupur for work. He told the girl he would return and marry her. He informed his parents and arrangements for a wedding were underway.

About Tirupur, the respondent said, "My relatives had told me that I should be very careful in Tirupur because here both males and females have the chance to have sex with more than one person. The main reason for this is that most of them are far away from their homes." Sexual activities were quite common in Tirupur, he said, but only among those who were interested in such activities. If one decided to live morally, he would not be disturbed even by peers, the respondent said. But this required self-control. The respondent felt it was best to only have marital sex because sex outside marriage may spoil one's reputation. The respondent's goal was to earn money and return to his hometown to start some business.

4.3.14 Interview 14: age 24, compacting framer, undergraduate, living in a rented room

The respondent learned about masturbation from his friends when he was 10. He had sex at the age of 15, when he was in standard 10, with an aunt who was 28. She would tease him and invite him to her house when his uncle was away. One day when he went her house at about 9 a.m. she had just finished bathing. She asked him to also bathe. When he came out with a towel, she pulled down the towel, took him to her bedroom and taught him how to have sex. He did whatever she instructed him to do. She ordered him to visit her house whenever she called, and threatened that he would face severe consequences if he revealed the relationship to anybody.

His next experience was with a girl who attended tuition classes run by his mother at their home. The girl, his mother's friend's daughter, was then in standard 10. He used to occasionally talk to

the girl. He expressed his love for her when she was studying in third year B.A. He asked her to say yes or no within a week. After a week she said yes. Then she began to frequently come over to his house. One day, when she visited his house, he was alone. She sat very close to him and started to talk. He kissed her and she did not object. They had sex. He was 22 and she was 20. They had sex three or four more times either at his house or at her house. The sex included anal and oral sex.

Both relationships continued even after the respondent came to Tirupur. He said his girlfriend did not know about his relationship with his aunt, but his aunt knew about her. Meanwhile, their families got to know about the relationship with the girl and both families agreed to a marriage, which was scheduled for February 2004. When asked about condoms during sex the respondent said, "My aunt is a married and family lady, who is good looking and healthy. She does not have children for more than five after marriage, and therefore there is no need for condoms." In the case of his lover, he said, "From day one, I told her that we are going to marry and therefore there was no need for condoms."

The respondent did not have any sexual contacts in Tirupur during two years of stay. He said he would not like to have sex with girls working with him or living nearby. He maintained a good relationship with people at both places and did not want to spoil his reputation. He said that sexual activities were rampant in Tirupur. At least 50 per cent of the girls and women in town were involved in "immoral" relationships. Such incidents, he said, took place because of circumstances and the attitudes of those involved.

4.3.15 Interview 15: age 24, embroidery operator, illiterate, living in a rented room

At the age of 16 years, the respondent started to masturbate. When he was 17, he tried to have sexual contact with a woman, his mother's friend, who was sleeping in his house. He hugged her and tried to remove the buttons of her blouse. His mother saw this and scolded him. Thereafter, his parents tried to monitor his activities. When he was 19, he had sex with a girl of 13. The girl, studying in standard 7, was a neighbour, who often visited his

house. On the day of incident, nobody was at his house. He talked to the girl about the importance of sex in life and began to kiss her and hug her. She reciprocated and they had sex.

Around this time, he became a popular group dancer and performed in public shows on some occasions. During these programmes, he would touch various parts of the dancing girls' bodies. He reasoned that if they objected, he could threaten them that they would not be considered for such shows thereafter. He convinced and/or forced many girls to have sex. The girls complied because they did not want to lose the income they earned from dancing, about Rs. 600-1000 per show. He still continued the same method. He said with pride, "So far, I have had sex with more than 50 young women. I used condoms hardly once or twice, since they are all fresh."

Two years ago he had sex with a prostitute. He said, "I was travelling in the factory car with the driver and we had a puncture near a well-known cinema house. The driver started to fix the stand-by wheel with my assistance. Meanwhile, I heard somebody calling us by clapping. We saw a five or six young women standing by an underpass. The person who had clapped asked if we were interested in sex with the women. I did not have enough money. However, the driver was enthusiastic to bear the expenses and he accepted. Both of us selected one woman each and had sex in a hut nearby. The woman selected by me insisted I use a condom, which she had with her."

After this, the respondent visited about 15 prostitutes and only sometimes used condoms. In the absence of condoms, he would purchase a lemon, cut it into two pieces and squeeze its juice into the woman's vagina before intercourse, so that the sperms would be killed. He said he learned this technique from a pornographic book. In his view premarital sex was very common in Tirupur. Young boys and girls, he said, were ready to do anything for the sake of money.

4.3.16 Interview 16: age 24, supervisor, studied up to standard 8, living in a rented room

The respondent learned about masturbation from a friend at the age of 16. He continued to

masturbate. At the age of 19, the respondent and a 17-year-old girl who lived behind his house, kissed, hugged, and caressed each other. The respondent claimed to love the girl but was actually only interested in sex, so she stopped meeting him. One day while returning from his village, he met a prostitute near the bus station. She asked for Rs. 300. The respondent did not have that much money and he paid Rs. 100 for kissing, hugging, caressing, and being masturbated by the sex worker.

At the age of 22, the respondent had sex with a married woman aged 28. She lived near the respondent's factory and occasionally talked to him. On the day of the incident she had forgotten her room key when returning from her mother's place. She asked him to take her on his motorcycle to her mother's place. He said that on the motorcycle, she hugged him and said she wanted to have sex with him. She said she had already had another extramarital relationship, so the respondent need not worry. After returning to the room, the two had sex without using a condom. The relationship continued for about two months.

A security man, about 40, who worked at the factory, learned about the relationship. He started blackmailing the respondent, saying if he wanted the matter hidden from the respondent's uncle (who was the owner of the factory) and the woman's husband, the security man should be allowed to have sex with the woman. The respondent and the woman accepted this demand. After a month, the woman shifted with her family to some other place in Tirupur.

The respondent had a close friend and both the young men used to tease the girls going to work in the hosiery companies. Both liked one girl, who stayed in a room with another girl, and planned to have sex with her. The girl had sex with the respondent's friend. She worried about getting pregnant and began to compel the friend to marry her, but this friend was not interested in marriage. Then she sought the respondent's help. The respondent said he would help her only if she had sex with him. Initially, the girl refused but later she agreed. The respondent had sex with her two times. At the time of the interview this process was on and the respondent said his friend knew about it. According to the respondent 90 per cent of the

working girls and women in Tirupur had sexual contacts, premarital and/or extramarital sex, especially those who lived in separate rooms. While many gave in to the lust of young men, some were earning money for sex or minor benefits at their factories.

4.4 Summary

About half of the respondents who were interviewed had vaginal intercourse as a first sexual encounter, whereas others had non-coital sex and a few had homosexual or heterosexual anal and/or oral sex. In half of the cases, the sex was part of a love affair. In other cases, the motive was desire or the respondents were forced to have sex. In a majority of the cases, the first partner was an unmarried girl, usually a co-worker. In about 40 per cent of the cases, the partner was a married woman or a widow, usually a relative or a neighbour. In the remaining cases, the first partner was a man, such as a stepfather, or a male hospital ward assistant. In half the cases, the first sexual partners were younger or equal to the respondents' age. In the other cases the partners were older, ages ranging from 25-30 years.

Although no respondent mentioned a sex-worker as the first sexual partner, three had sex with sex-workers on some occasions. At least half said their first sexual act was planned by the respondent, the partner, or by both. The others were mostly unplanned and generally coercive in nature (in most cases by the partner and at times by the respondents too). At least three respondents said they want to have as much premarital sex as possible just for fun or to fulfil their desires. Twelve of the 20 respondents did not use condoms during their first sexual intercourse; five used condoms occasionally. Three respondents were satisfied with heterosexual non-coital sex and five with sexual intercourse only once or twice. The rest continued to have multiple sexual experiences with different partners.

When asked about the sexual lifestyles of young boys and girls, especially among those working in hosiery establishments, 17 out of 20 said that a majority, ranging from 50 to 90 per cent, were sexually active before marriage and the environment was conducive to such activities both at the workplace and the place of residence.

List of studies completed under the initiative:

1. Gender, caste, class and health care access: Experiences of rural households in Koppal district, Karnataka
Aditi Iyer
2. Correlates of high-risk sexual behaviour among never-married male industrial workers in Tirupur
N Audinarayana
3. Involuntary childlessness among the middle class in Vadodara city
Bhamini Mehta, Shagufa Kapadia, Debjani Chakraborty
4. Attitudes of adolescent students in Thiruvananthapuram towards gender, sexuality, sexual and reproductive health and rights.
Philip Mathew KM
5. Men's participation in reproductive health: A study of some villages in Andhra Pradesh
G Rama Padma
6. The interface between mental health and reproductive health of women among the urban poor in Delhi
Ranendra Kumar Das and Veena Das
7. The interrelationship between gender and malaria among the rural poor in Jharkhand
Sama
8. Middle class sexuality: Construction of women's sexual desire in the 1990s and early 21st century
Mumbai
Shilpa Phadke
9. Delay in seeking care and health outcomes for young abortion seekers
Sowmini CV
10. Interface of heart disease and reproductive health: An exploratory study of gender dimensions
R Sukanya, S Sivasankaran
11. Negotiating reproductive health needs in a conflict situation in the Kashmir Valley
Zamrooda Khanday

About the Small Grants Programme on Gender and Social Issues in Reproductive Health Research

This publication is part of a series of eleven reports produced as part of the 'Small grants programme on Gender and Social Issues in Reproductive Health Research.'

When we use the term reproductive health in the spirit of the International Conference on Population and Development, we are not talking only about health needs, but also about rights, empowerment and changing gender power relations that underlie or contribute to many of the reproductive health problems and conditions. Thus, reproductive health is not only a *spectrum of conditions*, but is also an *approach*.

A comprehensive review of the body of research on reproductive health in India carried out during 1990-1999 showed that while a significant contribution had been made in terms of documenting the reproductive and sexual health *needs* of women and men, there large gaps remained in terms of analysing the gender and social dimensions of reproductive health – causes, perceptions and consequences to women and men.

To address this research gap, a small grants programme was undertaken by the Achutha Menon Centre for Health Science Studies, Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, Kerala. This was an effort to support research that would examine the gender and social causes that contribute to many reproductive health problems and conditions. The programme was supported by the Ford Foundation, India.

A research competition was set up and eleven grantees were selected. Grantees were given financial support. In addition, a team of experts provided technical support to grantees throughout the programme, starting with reviewing the research proposals to implementing the research, analysis of information and report writing.

SMALL GRANTS PROGRAMME ON

' To consider reproductive health as an approach, then, we must take a holistic view of women and men – in their societies, in their families, in their sexual relationships – and look at their lives and their needs comprehensively. This demands that we include but move beyond the biomedical model which tends to look at individuals out of context, and is insufficient in its analysis of causes of ill-health '

(WHO, Interpreting Reproductive Health, ICPD + 5 Forum, The Hague, 1999,p.17)

GENDER AND SOCIAL ISSUES IN REPRODUCTIVE HEALTH RESEARCH